



INDIVIDUAL/RELAY TIMES REQUEST FORM - OBSERVED MEETS

USA/Ohio Swimming Registered Swimmers

Please **legibly print** all requested information. Submit this form to a USA Swimming certified official AT THE meet, BEFORE the meet begins. Times will not be entered into SWIMS without accurate USA membership information. Times Data entry for proof of times is subject to verification that the competition was conducted in conformance with all applicable USA Swimming Rules & Regulations.

Swimmer Name: _____
Last
First
MI

Gender: M / F

USA ID#:

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Club Code: _____ LSC: _____ Date of Birth: _____

Name of Meet: _____ Date of Meet: _____

City of Meet: _____

Event #	Distance/Stroke (i.e. 100 Freestyle)	Course (SCY, LCM, SCM)	Time	Session (Prelims, Finals, Time Trials, Lead-Off, Swim-off)

Relay Distance/Stroke:		Relay Distance/Stroke:	
Relay Member Names (Last, First)	Age	Relay Member Names (Last, First)	Age
1.		1.	
2.		2.	
3.		3.	
4.		4.	

The Meet Manager operator at each meet may enter the USA ID# for each swimmer who requests his/her time be approved for SWIMS entry and who has submitted this form. Email an unlocked back-up of the meet to the Ohio Swimming Permanent Office after the meet. Times will be entered into SWIMS once all the information is received: office@swimohio.com

Signature of Official: _____