

OZARK SWIMMING INC.

REQUEST FOR: OVC NRT RECORD
 (Individual swims only, one request per page)

Name: _____ Sex: _____
 Birthdate: _____ Age: _____ Club: _____
 USA Swimming ID#: _____ LSC: _____
 Meet name: _____ Date: _____

Event #	Distance	Stroke	Yards or Metres	Time	Prelims Finals Swim off Lead off	Trials US Open Nationals NRT

Send OVCs to: **Mike Tchoukaleff**
 1506 Paris Drive
 Godfrey, IL 62035

Submitted by: _____
 Address: _____
 City: _____ State: _____
 Zip: _____ Phone: _____

Send records to: **Mark Imig**
 2627 Hope Avenue
 St. Louis, MO 63143

All requests must have proof of time