Niagara Swimming

Request for Electronic Loading

Form C

Please enter the following data into the electronic meet results for loading into SWIMS:

Name of Meet: _____ Date[s] of Meet: _____

Name of Facility: _____

Team Name: _____

Head Coach: _____ Phone: _____

Email: _____

ATHLETES

Last Name	First Name	Middle Initial	Date of Birth or USAS-ID

Please submit this form to the USA Swimming officials assigned as observers at this meet or email a copy to **Eric Stimson** at: **times@niagaraswim.org**