



# Niagara Swimming Meet Report

Sanction Number: \_\_\_\_\_  
Meet Date(s): \_\_\_\_\_

Meet Name: \_\_\_\_\_  
 Meet Host: \_\_\_\_\_  
 Location: \_\_\_\_\_  
 Meet Director: \_\_\_\_\_  
 Meet Referee: \_\_\_\_\_  
 Admin Official: \_\_\_\_\_

25 Yards  
 Pool Type: 25 Meters  
 50 Meters  
 Moveable Bulkhead? YES NO  
 Prelims/Finals  
 Meet Type: Timed Finals  
 Time Trials

|                       | Session 1 | Session 2 | Session 3 | Session 4 | Session 5 | Session 6 |
|-----------------------|-----------|-----------|-----------|-----------|-----------|-----------|
| Date:                 | _____     | _____     | _____     | _____     | _____     | _____     |
| Start Time:           | _____     | _____     | _____     | _____     | _____     | _____     |
| End Time:             | _____     | _____     | _____     | _____     | _____     | _____     |
| Break Time:           | _____     | _____     | _____     | _____     | _____     | _____     |
| # of Swimmers:        | _____     | _____     | _____     | _____     | _____     | _____     |
| Were there 12&Unders? | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No | Yes<br>No |

Total # of swimmers \_\_\_\_\_ x Total Surcharge:

Comment:

Completed by: \_\_\_\_\_  
 Email: \_\_\_\_\_

**Forward to the Niagara Swimming Administrative Vice-Chair [adminvc@niagaraswim.org](mailto:adminvc@niagaraswim.org)**

**Be sure to mail your surcharge check along with the financial summary**