



USA SWIMMING
FLORIDA SWIMMING
 214 E. Washington Street, Suite B
 Minneola, FL 34715
 352-242-5145 (O) 352-242-5245 (F) FLSOffice2@aol.com (E)

MEET SANCTION APPLICATION

I _____, apply on behalf of _____ for a sanction to hold swimming competitions, exhibitions, Swim-a-thons or clinics at _____ on _____, _____. Our sanction fee of \$_____, a copy of the information letter, order of events, warm-up schedule, proof of entry and master entry form are attached. Type of meet (F or P/F)_____. Event distances (SC or LC)_____. Meet is (open or closed)_____.

As a condition of obtaining such a sanction, I and the above organization which I represent, agree to abide and govern this event under the rules and regulations of USA Swimming, Inc. and Florida Swimming, Inc. and all other term and conditions upon which this sanction may be granted. These terms specifically include all local rules and regulations and those set forth in Article 202 of the current edition of the USA Swimming Rules and Regulations, specific reference to Section 202.2.7 thereof, which provides that:

“In granting this sanction it is understood and agreed that USA Swimming/Florida Swimming shall be free from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of the event.”

OFFICIALS:

Officials for this meet are members of USA Swimming, Inc. and certified by Florida Swimming, Inc. Their names are included in the information letter.

SIGNED (Club President)_____ Date _____

SIGNED (Club Representative)_____ Date _____

Return Sanction to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone: _____

Sanction Fee: _____ (one day, \$25.00), _____ (two or more day, \$40.00).

Mail copies of application, information letter, order of events, warm-up schedule, proof of entry, master entry form and sanction fee to:

FLORIDA SWIMMING, INC.
214 E. Washington Street, Suite B
Minneola, FL 34715

For LSC Use Only

Approved: _____ Not Approved: _____ Signed: _____

Sanction Number: _____ Date Issued: _____



FLORIDA SWIMMING

MEET SANCTION – POST MEET REPORT

We observed the conduct of the _____ meet

on _____ date and attest that it was carried out in accordance with Article 202.4 of USA Swimming Rules and Regulations.

(USA-S Certified Official)

(LSC)

(Date)

(USA-S Certified Official)

(LSC)

A copy of the complete Hytek meet backup was sent to the Florida Swimming office on the following date: _____.

(Meet Director)

E-Mail Address

Phone Number

Mail this form to:

**FLORIDA SWIMMING, INC.
% Helen Kelly
214 E. Washington St., Suite B
Minneola, FL 34715)**

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