



RECORD REPORTING FORM

GIRLS BOYS AGE _____ EVENT _____

SWIMMERS NAME (S) _____ YOUR CLUB _____

MEET LOCATION _____ MEET TYPE _____

(Dual A, Dual B, Prelim, Div Champ, Invitational, etc.)

DATE OF MEET _____

LIST OF OFFICIALS *(include club they represent)*

OFFICIAL TIMES

STARTER _____

#1 _____

STROKE & TURN 1 _____

#2 _____

STROKE & TURN 2 _____

#3 _____

HEAD OFFICIAL/REFEREE _____

COACH _____

Signature

Signature

Submit to Midlakes Award & Records Administrator