



Florida Swimming, Inc.
SWIMS/TOP 10 Request Form
 214 E. Washington St., Suite B,
 Minneola, FL 34715
 352-242-5145 (O) 352-242-5245 (F)
FLSOffice2@aol.com (E)



Please print legibly all of the requested information and return to the Florida Swimming Office, 214 E. Washington St., Suite B, Minneola, FL 34715.

Meet Dates: _____ Name of Meet: _____ Course: SCY LCM SCM

Times Requested by: _____ Team Code: _____ LSC Code: _____ Phone: _____

Email Verification To: Name: _____ Email: _____

Address: _____ City, State, Zip: _____

Phone: _____ Fax: _____

For Individual Events: Please * any foreign athlete (even if a member of USA Swimming).

| NAME (Last, First, MI) | USA Swimming ID Number (must be completed) | Gender (F/M) | Event (Dist/Stroke) | Time | Session (see below) | Date of Swim | Flag (see below) |
|---------------------------|--|-----------------|------------------------|------|------------------------|-----------------|---------------------|
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Session: Prelims, Finals, Time Trials, Lead-off, Swim Off **Flag:** N=National Time; O=US Open; R=Reportable Time

For Relay Teams:

| Relay Event | Flag | Names, USA Swimming ID's, Gender | Ages |
|-------------|---------|----------------------------------|------|
| | | 1 | |
| Time | Session | 2 | |
| | | 3 | |
| Gender: F M | | 4 | |

| Relay Event | Flag | Names, USA Swimming ID's, Gender | Ages |
|-------------|---------|----------------------------------|------|
| | | 1 | |
| Time | Session | 2 | |
| | | 3 | |
| Gender: F M | | 4 | |

Issuance of proof of times is subject to verification that competition was conducted in accordance with all applicable USA Swimming Rules & Regulations.