

# SWIMS/TOP 10 Request Form

**Florida Swimming, Inc.**  
**214 E. Washington St., Suite B, Minneola, FL 34715**  
**352-242-5145 (O) 352-242-5245 (F)**  
**admin@floridaswimming.org**

Please print legibly all of the requested information and return to the Florida Swimming Office.

Meet Dates: \_\_\_\_\_ Name of Meet: \_\_\_\_\_ Course: SCY LCM SCM

Times Requested by: \_\_\_\_\_ Team Code: \_\_\_\_\_ LSC Code: \_\_\_\_\_

Email: \_\_\_\_\_

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

**For Relay Teams:**

Relay Event #	Names, USA Swimming ID's	Ages
	1	
Time	2	
	3	
Gender: F M	4	

Relay Event #	Names, USA Swimming ID's	Ages
	1	
Time	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.