

**SOUTH TEXAS SWIMMING, INC.
REQUEST FOR SWIMS TIMES UPLOAD
FOR SWIMS FROM OBSERVED MEETS**

Date Submitted:

Date Processed:

SUBMITTED BY:

DAY PHONE:

EVENING PHONE:

E-MAIL ADDRESS:

ATHLETE INFORMATION

FIRST NAME:

MIDDLE NAME:

LAST NAME:

PREFERRED NAME:

DATE OF BIRTH (MMDDYY):

MEET HOST:

MEET NAME:

MEET DATE:

EVENT:

PRELIMS

FINALS

TIME:

COURSE

SCY

SCM

LCM

MEET HOST:

MEET NAME:

MEET DATE:

EVENT:

PRELIMS

FINALS

TIME:

COURSE:

SCY

SCM

LCM

A \$25.00 per time processing fee is payable in advance, for all requests received 14 or more days after the conclusion of the meet. Make checks payable to South Texas Swimming, Inc.

Fee Due:

Y

N

Check Number:

Check Amount: