

Submission of Times from USA-S Observed High School Swim Meet

(Please complete one form for each meet)

Name of Meet: _____

Date of Meet: _____

Location of Meet: _____

Type of Meet (check one):

☐ Division 1 Sectional ☐ Division 2 Sectional ☐ Division 1 State ☐ Division 2 State

Was Meet Observed by 2 USA-S Officials? ☐ Yes ☐ No ☐ Unsure

Swimmer Information:

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Last Name	First Name	Middle Initial	Date of Birth (MM/DD/YYYY)	USA-S ID#	Event Stroke/Distance	Official Time	Event Stroke/Distance	Official Time
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Completed forms should be mailed to Dave Joyce, UWM Athletics, P.O. Box 413, The Pavilion - Room 150, Milwaukee, WI 53201

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