



DUAL
PACIFIC SWIMMING TRI- MEET REPORT
QUAD

Teams: _____ Sanction Number _____

Meet Date: _____ Reports Due: _____

Referee: _____ **Primary Timing System: ??**

Signature: _____ Touchpads _____

2-3 Pushbuttons _____

3 Watches _____

Other (Describe) _____

Starter: _____

Stroke and Turn Judges: _____

Backup System(s) _____

Number of Swimmers _____

Number of Swims _____

- * (This section of the above completed form should be
-
- forwarded to your Zone Officials Chair.)

REMARKS: _____

(NEED MORE SPACE USE BACKSIDE)



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2-3 Pushbuttons _____

3 Watches _____

Other (Describe) _____

Comments: _____

Post Competition Data Tabulator : _____

Backup System(s) _____

Name: _____ / _____

email address: _____ / Number of Swimmers _____

phone #: (_____) _____ / Number of Swims _____

USA-S Athlete Registrations have been verified: (YES) (NO) !

- * (This section of the above completed form should be forwarded to:
- **Frank Suchomel, 17231 Quail Court, Morgan Hill CA 95037,**
- frs@garlic.com

REMARKS: _____

(NEED MORE SPACE USE BACKSIDE)