

## **NO SHOW PRELIMINARIES & FINALS – LAST EVENT**

MEET:	EVENT:	EVENT #:
DATE:	LOCATION:	
QUALIFIED FOR FINALS AS #:	CHECKED BY:	
REFEREE:	EMAIL:	
SWIMMER'S NAME:	USA-S REG #:	
To be	e completed by the Pacific Swimming Offi	ce:
Swimmer's Home Address:		

City:	State:	Zip:	Phone:

Please include a copy of the following support documents:

- 1) Results of the event trials
- 2) No Show slip
- 3) Scratch sheet for the event
- 4) Copy of the finals sheet for the event

Mail or email this completed form and support documents to:

Pacific Swimming c/o Annie Stein 1080 S. De Anza Blvd. San Jose, CA 95129

Phone: (408) 568-2602 Email: astein@pacswim.org