



PACIFIC SWIMMING
Dual; Tri-; Quad-; League Meets etc.
Sanctioned Meet Report

Meet: _____ Facility/City _____

Date: _____ Course: (check one) Yards _____ Meters _____ long
short

OFFICIALS Name	USA-Swimming Membership Current (circle one)	
Meet Referee _____	Yes	No
Admin. Ref./Official _____	Yes	No
Other Officials _____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No
_____	Yes	No

What types of Timing Devices were used? [*Describe both Primary (P) and Backup (B) Systems.*]

Pads: (Yes)___ (No)___ Meet Referee Comments: _____

Buttons: (P)___(B)___? (1)___(2)___(3)___? _____

Watches: (P)___(B)___? (1)___(2)___(3)___? _____

(Use additional page if needed)

Did the Conduct of the Meet: conform to all relevant USA Swimming Technical Rules and Meet Standards?

(circle one) **Yes** **No**

MEET REFEREE APPROVAL: (Recommended) _____ (Not Recommended) _____

(Signature of Referee)

Date

Mail Completed Form to:

or e-mail scanned copy to:

Pacific Swimming Office
 1374 Lupine Court
 Concord, CA 94521

LAURIE@PACSWIM.ORG

===== (DO NOT WRITE BELOW THIS LINE) =====

APPROVAL: Granted _____ Denied _____ Date: _____

Pacific Swimming Sanction No.: _____ Comments: _____

Registration Check Yes No Date: _____

Meet Financial Report Yes No Date: _____

Upload to SWIMS Date _____