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)**___

Buttons: (P)___**(B)**__**? (1)**____**(2)**___**(3)**___**?**

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

Meet Referee Comments:_____

_____

_____

(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:

Pacific Swimming Office
1374 Lupine Court
Concord, CA 94521

or e-mail scanned copy to:

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_____