Connecticut Swimming Incorporated
INDIVIDUAL OBSERVED SWIM APPLICATION & EVENT FORM

Please legibly print all requested information. Turn in completed form to Verification officer or the designated person on location. Data entry for proof of times subject to verification that competition was conducted in conformance with all applicable USA Swimming Rules and Regulations.

SWIMMER INFORMATION

NAME: _____
First Middle Initial Last

ADDRESS: _____

TELEPHONE # ( ) _____-_____

USA REGISTRATION # _____USA TEAM_____
(If applicable) (If applicable)

USA COACH INFORMATION

NAME: _____
First Middle Initial Last

TELEPHONE # ( ) _____-_____

MEET INFORMATION

NAME OF MEET: _____

LOCATION/DATE _____

NOTE: THE FOLLOWING INFORMATION IS OPTIONAL AT TIME OF APPLICATION BUT IT MUST BE SUPPLIED TO USA OBSERVERS 20 MINUTES PRIOR TO THE START OF THE MEET.

Event #	Distance/Stroke (i.e. – 100 Freestyle)	Course (SCY, SCM, LCM)	Time	Flag (see below)	Session (See below)

Session: Prelims, Finals, Time Trials, Lead-off, Swim-off Flag: N=National, O=US Open, R=Reportable Time

Relay Members	Age	USA Registration #	Relay Event	Lead Split Time
				Relay Time

USA OBSERVERS SIGNATURES & TELEPHONE #

_____ _____

_____ _____

OBSERVED SWIMS & OFFICIAL TIMES TO:

Name
Address 1
Address 2
Phone 1, Phone 2