Connecticut Swimming
Meet Evaluation

Name:

Team affiliation:

Email:

Phone:

Check One: ☐ Coach ☐ Official ☐ Parent ☐ Swimmer

Evaluations submitted without contact information (above) will be disregarded.

1. Please comment on the facility (pool, lockers, deck space, parking, spectator area, etc.)

2. Please comment on the meet design (order of events, session schedule, length of sessions, warm-up configuration, entry procedures, Meet Announcement, etc.)

3. Please comment on Meet Management (Meet Director, operation of meet, postings and announcements and other communication, hospitality, concessions, safety, etc.)

4. Please comment on Officiating

5. Please enter any additional or general comments