SCRATCH FROM FINALS

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FULL NAME: AGE	FULL NAME:AGE
TEAM:COACH:	TEAM:COACH:
EVENT #: STROKE / DISTANCE:	EVENT #: STROKE / DISTANCE:
The swimmer's coach <u>MUST</u> sign this form and submit it <u>ONLY</u> to the Meet Referee! One event per form please!	The swimmer's coach <u>MUST</u> sign this form and submit it <u>ONLY</u> to the Meet Referee! One event per form please!
Coaches' Signature:	Coaches' Signature:
Administrative Official's Signature:	Administrative Official's Signature:
≥	2
Date / Time Received:	Date / Time Received:
FULL NAME:AGE	FULL NAME:AGE
TEAM:COACH:	TEAM:COACH:
EVENT #: STROKE / DISTANCE:	EVENT #: STROKE / DISTANCE:
The swimmer's coach <u>MUST</u> sign this form and submit it <u>ONLY</u> to the Meet Referee! One event per form please!	
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Coaches' Signature:	
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Administrative Official's	ONLY to the Meet Referee! One event per form please! Coaches' Signature: Administrative Official's