Adirondack Swimming – USA SWIMMING Form A ... REQUEST FOR OBSERVATION NON-SEASON CULMINATING MEET

Meet requiring authorization by the Program Operations Vice President or designee require 10 day advance application. Such meets include High School, Collegiate, Masters or other meets that are not season-culminating meets. This completed form and a copy of the meet information must be sent at least 10 days prior to the event to the LSC NTV official (AD Sanction/Times Chair) for review. The LSC official will send this completed for to the Program Operations Vice President or designee for approval. The request must include a reason and explanation for the request and approval will be granted only in limited circumstances.

Acceptance of verification requests from the meet is subject to proof that conditions at the meet were in conformance with the required procedures and pertinent USA Swimming Rules & Regulations.

Name of Meet:	
Name and Location of Facility:	
Date(s) of Meet:	
Meet Director Name:	Phone:
Name of Person Filing This Request:	
Is this meet on the regular, published calendar?	(Yes/No)
Type of Meet (check one): High School	College Masters
Course (check one): Long Course Meters	Short Course Yards Short Course Meters
Approximate Number of Teams Participating:	Approximate Number of Swimmers Participating:
Timing System will conform to the conditions spe	ecified in 102.16 – USA Swimming Rules & Regulations
USA Swimming Rules & Regulations. A minim Officials shall be assigned as observers for the Rules. Observers shall be positioned at each e certified by USA Swimming and are stationed Observers should remain on the deck through The Meet Referee or LSC Designee, will provide program and the procedures to be used to req their times included into the SWIMS system M by Adirondack Swimming. All requests must b	e swimmers and coaches with information about the observation quest observation. All USA-S Registered athletes who would like IUST submit written requests, using the required Form C provided
A copy of the meet information is attached.	The reason and explanation for this request is attached.
Names and phone numbers of USA Swimming Office	cials who will serve as observers or the dually certified officials are:
1:	2:
3:	4:
	I to and accepted by the LSC NTV Officer Program Operations for Approval
Step One – Acceptance by:	For Office Use Only Step Two – Acceptance by:
AD Sanction/Times Chair (LSC NTV Official)	Programs Operations
Date:	Date: