

GULF SWIMMING  
MEET SUMMARY REPORT FORM  
APPENDIX J  
2013-2014

**Meet Summary Information**

Meet Name:		Total Athletes:	
Date(s):		Pool Measurement Required?	Yes No
Host Club:		Pool Measured?	Yes No
Location:		*Team Report Submitted?	Yes No
Meet Director:		Any Accidents or Injuries?	Yes No
Email Address:		Meet Referee:	

**Timeline Information**

Meet Session	Start Time (Planned)	End Time (Planned)	Start Time (Actual)	End Time (Actual)	Start of Last Heat of "12 & Under Events"	Number of swims that occurred after exceeding 4 hours
Session 1						
Session 2						
Session 3						
Session 4						
Session 5						
Session 6						
Session 7						
Session 8						

**Problems at Meet**

Problem Area	Yes/No	Comments
Facility or Pool Issue		
Air Quality		
Meet Management		
Officials or Timers		
Other Volunteers		
Spectators or Coaches		
Computers or Equipment		
Seeding and Paperwork		
Other Issues		

\* Please send the "Team Report with Athlete Entry Count" to the TPC Chair along with this report. Send both reports to:  
**gulftpc@gmail.com**

**Additional Comments**