

USA SWIMMING TEAM VERIFICATION REQUEST FORM

Please print legibly all of the requested information and return to the Verification officer present at the meet, or to the designated person or location. Requests submitted after the meet are subject to an administrative fee.

Attention Meet Host: If Verification Officer not present, please send this form to the Gulf Swimming NTV Coordinator immediately following completion of the competition.

First Day of Meet: _____ Name of Meet: _____ Course: SCY LCM SCM

Times Requested by: _____ Team Code: _____ LSC Code: _____ Phone: _____

Confirm Verification to: Name: _____ Fax Number: _____

Address: _____

City, State, Zip: _____

For Individual Events:

NAME: (Last, First, MI)	USA Swimming ID Number (must be complete)	Gender (F/M)	Event (Dist/Stroke)	Time	Session (See below)	Date of Swim	Flag (See below)

Session: Prelims, Finals, Time Trials, Lead-off Swim, Swim-off

Flag: T= Trials, N= Nationals, O= US Open, R= Reportable Time

For Relay Teams:

Relay Event	Flag	Names	Ages
Time	Session	1	
		2	
		3	
		4	

Relay Event	Flag	Names	Ages