

VERIFICATION REQUEST FORM

Rev. 2/6/2009

Please print all requested information legibly. Some meets require this form be submitted prior to the swim. Check in advance to determine which procedures are in effect for this competition. Turn in completed form to Verification Officer or the designated person or location.

Swimmer Name: _____ F M ID#

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Last First MI M M D D Y Y F F F M L L L L

Club Code: _____ LSC: _____ Date of Birth: _____
Month Day Year

Name of Meet: _____ Dates of Meet: _____ City: _____

Event #	Distance/Stroke (i.e. 100 Freestyle)	Course (SCY, SCM, LCM)	Time	Flag (see below)	Session (see below)

Relay Members	Last Names	First Names	Age
1.			
2.			
3.			
4.			

Session: Prelims, Finals, Time Trials, Lead-Off, Swim-Off **Flag:** N = National; O = US Open; S = Sectional

USAS Official: _____
Print Name Signature Date

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