

SCRATCH FROM FINALS

FULL NAME: _____ AGE _____

TEAM: _____ COACH: _____

EVENT #: _____ STROKE / DISTANCE: _____

*The swimmer's coach **MUST** sign this form and submit it **ONLY** to the Meet Referee! One event per form please!*

Coaches'
Signature: _____

Administrative
Official's
Signature: _____



Date / Time Received: _____

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