

## State Meet Qualifying Verification Form

<b>School:</b>	<b>Date:</b>
<b>Meet Site:</b>	

**Please Print**

INDIVIDUAL EVENTS				
	Name	Grade	Event	Time
1.				
2.				
3.				
4.				

RELAY EVENTS						
	200 Medley Relay		200 Free Relay		400 Free Relay	
	Time		Time		Time	
	Name	Grade	Name	Grade	Name	Grade
1.						
2.						
3.						
4.						

I certify that the performances listed above are accurate and were performed in a NYSPHSAA meet in accordance with NFHS rules.

<b>Referee Name:</b> Print Name	<b>Phone Number:</b>
<b>Referee Signature:</b>	<b>Date:</b>

<b>Coach Name:</b> Print Name	<b>Phone Number:</b>
<b>Coach Signature:</b>	<b>Date:</b>

Please send form to: Doug Cassidy, 8280 Clarence Center Rd, E. Amherst, NY 14051  
Or email to [coachcassidy02@aol.com](mailto:coachcassidy02@aol.com)

**The time standards apply to non-winning place finishers at the section's qualifying meet.**

**\*\*\* Official times MUST be confirmed by the Referee and verified by three watches or automatic timing**