

Boys Swim In Season State Meet Qualifying Verification Form

| | | | |
|-------------------|--|-------------|--|
| Meet Site: | | Date | |
| School: | | | |

Individual Events:

| Athlete Names | Grade | Event | Result |
|---------------|-------|-------|--------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

200 Medley Relay:

| Athlete Names | Time | Grade |
|---------------|------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

200 Free Relay:

| Athlete Names | Time | Grade |
|---------------|------|-------|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |

400 Free Relay:

| Athlete Names | Time | 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.

| | | | |
|--------------------------|--|--------------|--|
| Referee Name | | Date | |
| Referee Signature | | Phone | |

| | | | |
|------------------------|--|--------------|--|
| Coach Name | | Date | |
| Coach Signature | | Phone | |

Please SCAN and email form ASAP to :
 Tim Menges
Tmenges@starpointcsd.org

OR

Please fax form to:
 Tim Menges
 FAX: 716-210-2233

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