

Revised April 28, 2007

Niagara Swimming, Inc.
Meet Report
File with Administrative Vice Chairperson

Sanction: _____	Meet Date: _____
Meet Sponsor: _____	Name of Facility: _____
Meet Director: _____	Location: _____
Meet Referee: _____	Pool Length: _____
Meet Starter: _____	Yards/ Meters: _____
Meet Marshals: _____	Shallowest Depth: _____
Entry Chair: _____	Bulkhead Fixed or Movable: _____

Meet Classification: _____	G-S-B: _____	JO'S: _____	Districts: _____
IMX: _____	Timed Final: _____	Prelim-Final: _____	Other (explain): _____

Date: _____	_____	_____	_____
Start Time: _____	_____	_____	_____
Break Time: _____	_____	_____	_____
Resume Time: _____	_____	_____	_____
Break Time: _____	_____	_____	_____
Resume Time: _____	_____	_____	_____
Break Time: _____	_____	_____	_____
Resume Time: _____	_____	_____	_____
End Time: _____	_____	_____	_____
12& Under End Time _____	_____	_____	_____

Total Swimmers: _____

Total Individual Entries: _____	x\$	_____	-\$	_____
Total Relay Entries: _____	x\$	_____	-\$	_____

TOTAL NIAGARA SURCHARGE: \$ _____ forwarded to Admin Vice Chair on: _____

Completed by: _____	Date: _____	Evening Phone: _____
	E-mail: _____	

Niagara Surcharges:	Individual	Relay	Individual	Relay
Time Finals	\$.35	\$.75	Prelim/Finals	\$.60
G-S-B JO's	\$.35	\$.75	Time Trials	\$.60
G-S-B Districts	\$.35	\$.75		