

INDIVIDUAL VERIFICATION OBSERVATION REQUEST FORM

USA/New England Swimming Registered Swimmers

Please **legibly print** all requested information. Submit this form, and payment, to a USA Swimming certified official AT THE meet, **BEFORE** the meet begins. (Attach payment to the form) Times will not be entered into SWIMS without payment and accurate USA membership information. Data entry for proof of times subject to verification that competition was conducted in conformance with all applicable USA Swimming Rules & Regulations.

Swimmer Name: _____ F M ID #

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Club Code: _____ LSC: _____ Date of Birth: _____

Name of Meet: _____ Dates of meet: _____

City: _____

Event #	Distance/Stroke (i.e.-100 Freestyle)	Course (SCY, SCM, LCM)	Time	Session (See Below)
Relay Member Names (Last, First)		Age	FEE: \$5.00 per event (make checks payable to New England Swimming)	
1			Name: New England Swimming	
2			Address: 47 May Street	
3			City, State, Zip: Needham, MA 02492	
4			Phone: 781-449-0270	FAX: 781-449-7903

Session: Prelims, Finals, Time Trials, Lead-off, Swim-off

Designated Official Signature: _____

Payment received _____ cash _____ check _____

Thy hy-tek operator at each meet may enter the US ID# for each swimmer that requests his/her time be approved and that has submitted this form and the payment. A back-up file of the entire meet can be emailed to the NTV Chairman after the meet, and those times will be submitted into SWIMS once all forms and payments are received: office@neswim.com

Questions? Call Carol Healey at 781-449-0270 or email: office@neswim.com