

TIME TRIAL FORM

Please Note: This form must be used for all time trials.

All details to be fully completed and verified by the Referee before forwarding to the swimmers Club Recorder AND a copy to the Counties Manukau Recorder at PO Box 75-735 Manurewa with in 14 days of this Date.

Date:/...../200.....

Pool: Short or Long Course (Cross out one)

Distance: Metres

Stroke:

Swimmers Name:

Date of Birth:/...../.....

Club: CO (Code)

Receipt Number:

Watch (1)!.....!.....

Watch (2)!.....!.....

Watch (3)!.....!.....

Manual Return Time!.....!.....

Electronic Return Time!.....!.....

Officials:

Names:

- * Referee (1)
- * J.O.S. (1)
- * Starter (1)
- * I.O.T. (1)
- (2)
- * Timekeepers (1)
- (2)
- (3)
- * Recorder (1)

I certify that the above information is correct
and all persons listed are qualified.

Signature of Referee:

Updated September 2006