SWIMMING WAIKATO
Time Trial Official Form

Please Note – this form must be used for all Time Trials, and all details fully completed and verified by the Referee before forwarding to Swimming Waikato – admin@swimmingwaikato.co.nz.

SWIMMER DETAILS –

Name: ……

Club: ……

Registration No.: ……

Date of Birth: ……/……/…….

TIME TRIAL DETAILS -

Date of Swim: ……/……/…….

Delete one: **LONG COURSE** or **SHORT COURSE**

ELECTRONIC TIMING or **MANUAL TIMING**

Pool Name: ……

Distance: ……

Stroke: ……

Electronic Time: ……

OR complete this section for manual timing only -

Timekeeper 1		Official Time	
Timekeeper 2			
Timekeeper 3		Signed	

OFFICIALS –

Starter: …… ……
Name Signature

Judge of Stroke: …… ……
Name Signature

IOT Start End: …… ……
Name Signature

IOT Turn End: …… ……
Name Signature

I ……, Referee for the above time trial, verify that the above time trial was swum under FINA and SNZ regulations. I confirm that the above mentioned swimmer achieved the time as indicated.

…… ……/……/…….
Signed Dated

Forms must be submitted by CLOSE OF ENTRIES for times to be eligible.