

ILLINOIS SWIMMING, INC.

NTV REQUEST FROM OBSERVED MEET

THIS FORM IS TO BE USED TO REQUEST TIMES TO BE ENTERED INTO THE NATIONAL TIMES DATABASE AND MUST BE ACCOMPANIED BY A PRINT OUT OF REQUESTED TIMES ACHIEVED FROM THAT OBSERVED COMPETITION.

COMPLETE CURRENT USA SWIMMING ID # _____
*USA SWIMMING ID IS REQUIRED

NAME _____ BIRTHDAY _____ SEX M F
(LAST) (FIRST) (MI) (CIRCLE ONE)

CLUB AFFILIATION _____ LSC _____
*IF UNATTACHED PLEASE STATE UNATTACHED

EVENT _____ M / Y _____ LC / SC OFFICIAL TIME _____
(DISTANCE) (METERS / YARDS) (STROKE) (COURSE)

MEET TITLE _____ MEET LOCATION: _____
(NAME OF MEET) (CITY AND STATE)

MEET START DATE _____ MEET END DATE _____

USE AREA BELOW FOR ADDITIONAL SWIMS ONLY IF ACHIEVED AT THE SAME MEET FOR THE SAME ATHLETE

	<u>EVENT NAME</u>	<u>DATE SWUM</u>	<u>TIME ACHIEVED</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____



MAIL TO:
ILLINOIS SWIMMING
NTV REQUEST
3166 S. River Road Suite 30
Des Plaines, IL 60018