

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  
1400 E Touhy Ave Suite 245  
Des Plaines, IL 60018**