

ILLINOIS SWIMMING, INC.

**NTV RELAY REQUEST FROM OBSERVED MEET**  
**THIS FORM MUST BE ACCOMPANIED BY A PRINT OUT OF THE  
TIMES REQUESTED FROM THE OBSERVED COMPETITION**

**THIS REQUEST IS FOR A CLUB RELAY ENTRY INTO  
THE NATIONAL TIMES DATABASE ONLY**

CLUB AFFILIATION \_\_\_\_\_ LSC \_\_\_\_\_

CIRCLE ONE: LCM SCY SCM CIRCLE ONE: FREESTYLE MEDLEY

DISTANCE: \_\_\_\_\_ OFFICIAL TIME: \_\_\_\_\_

MEET TITLE \_\_\_\_\_ DATE OF EVENT \_\_\_\_\_  
(INCLUDE NAME OF MEET, CITY AND STATE)

	RELAY MEMBERS	AGE	CURRENT USA SWIMMING ID #
	*MEMBERS MUST BE LISTED IN EXACT SWUM ORDER		
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

\*\*\* NOTE: IF LEAD OFF SPLIT IS NEEDED FOR LEAD OFF SWIMMER PLEASE ATTACH AND FILL OUT THE INDIVIDUAL NTV REQUEST FORM FOR THAT SWIM AND ATTACH A COPY OF OFFICIAL RESULTS SHOWING THE SPLITS.



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