



ILLINOIS SWIMMING

Observed Swim Certification Report

Date of Event: _____

Event Name: _____

Location: _____

	Course (Circle Two)	Short	Long	Yards	Meters
Officials Info		USA-Swimming Officials			
Referee(s)	(Print) _____		Yes	No	
	(Print) _____		Yes	No	
Starter(s)	(Print) _____		Yes	No	
	(Print) _____		Yes	No	
Stroke & Turn Judges	(Print) _____		Yes	No	
	(Print) _____		Yes	No	

Officials Assigned to Observe _____ (Please Print)

_____ (Please Print)

Timing System Requirements:

Electronic Timing must be used in accordance with conditions outlined in *102.16, USA Swimming Rules & Regulations*. (Describe both Primary(P) and Backup(B) system)

Pads: Yes _____ No _____

Buttons: (P) (B) _____ (1) (2) (3) _____

Watches: (P) (B) _____ (1) (2) (3) _____

Recommendation of Observers:

Did the conduct of the observations conform to all conditions outlined in USA-S rule 204.25.4

Yes _____ No _____

The above competition and all swims, unless otherwise noted on the attached sheets, have met all the conditions outlined in *Article 202.5 Requirements for Observed Swims* and *Article 101 Individual Strokes & Relays, USA Swimming Rules & Regulations* and approval is recommended.

Observer Signature: _____

Observer Signature: _____

The above competition and swims did not meet all the conditions outlined in *Article 202.5 Requirements for Observed Swims* and *Article 101 Individual Strokes & Relays, USA Swimming Rules & Regulations* and approval is not recommended. (Please list on back of this form specific reason for not recommending for approval)

Observer Signature: _____

Observer Signature: _____

Mail Completed Form along with Both Copies of results to:

Illinois Swimming, Inc
Observed Swim Verification
P.O. Box 877
Aurora, IL 60507

-----Office Use Only-----		
Certification:	Granted	Denied
Results Submitted:	YES	NO
Signature: _____		