

MEET DIRECTOR'S REPORT

NAME OF MEET _____ DATES _____

LOCATION _____ MEET HOST _____

MEET DIRECTOR _____ PHONE# _____

REFEREE _____ PHONE# _____

CLASSIFICATION OF MEET _____ SANCTION # _____

HOW MANY SESSIONS _____ # OF SWIMMERS _____

SESSION RUNNING TIMES (HOURS)

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

6 _____ 7 _____ 8 _____ 9 _____

ANY DELAYS _____

ANY ACCIDENTS _____

EXPLAIN ANY PROBLEMS _____

DO YOU SUGGEST ANY CHANGES TO FORMAT? _____

DID YOU REJECT ANY ENTRIES _____

IN-STATE _____ OUT OF STATE _____

SIGNATURE _____ DATE _____