



SCHOOLS/ZONE SWIM MEET APPROVAL FORM

School/Zone Meet Name: _____

School Meet Date: _____

Venue (Address): _____

Name of Qualified _____

Referee booked to attend: _____

Name of Qualified _____

Starter booked to attend: _____

Electronic Timing Equipment to be used at meet Yes No

School Meet Nominated Contact (Name): _____

Contact Numbers: _____

Email Address: _____

I, _____, will send the following information to admin@nsw.swimming.org.au within 7 days after the date of the meet*, in order for results to be uploaded to the National Results Database (NRD):

- Date/s of meet
- Meet Manager Back Up File and Team Manager Results File
- Name of Referee who attended
- Name of Starter

Signed: _____

Please send to:

admin@nsw.swimming.org.au

For any queries, please contact Swimming NSW on (02) 9763 5833.

*for the avoidance of doubt, this is a period of 168 hours, commencing from 12am on the day following the conclusion of the meet.