CENTRAL CALIFORNIA SWIMMING
TIME VERIFICATION
(For out of area meets)

Swimmer's Name _____ Club _____
(Last) (First)

Athlete ID number: _ _ / _ _ / _ _ _ _ _ _ _ _ _ _ Age _____
Date of birth First M Last

Meet attended _____ Date_____

Long course (50 meter) ____ Short course (25 yard) ____

Event Number, Distance & Stroke	Time	Officials Initials
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

I verify that the above named swimmer achieved the listed time(s) initialed.

_____ LSC _____
(Meet Referee, OVC Officer, or Deck Administrator)

MAIL TO: CCS Records Chairman
Kim Schwalb
517 Wildrose Ave.
Ridgecrest, CA 93555
H (760) 375-5161

No later than thirty (30) days after the last day of competition and no later than September 15.