

**SOUTH TEXAS SWIMMING, INC.  
REQUEST FOR SWIMS TIMES UPLOAD  
FOR SWIMS FROM OBSERVED MEETS**

Date Submitted:

Date Processed:

SUBMITTED BY:

DAY PHONE:

EVENING PHONE:

E-MAIL ADDRESS:

**ATHLETE INFORMATION**

FIRST NAME:

MIDDLE NAME:

LAST NAME:

PREFERRED NAME:

DATE OF BIRTH (MMDDYY):

MEET HOST:

MEET NAME:

MEET DATE:

EVENT:

PRELIMS

FINALS

TIME:

COURSE

SCY

SCM

LCM

MEET HOST:

MEET NAME:

MEET DATE:

EVENT:

PRELIMS

FINALS

TIME:

COURSE:

SCY

SCM

LCM

***A \$20.00 per time processing fee is payable in advance, for all requests received 30 or more days after the conclusion of the meet. Make checks payable to South Texas Swimming, Inc.***

Fee Due:

Y

N

Check Number:

Check Amount: