



FLORIDA SWIMMING
MEET APPROVAL APPLICATION

I _____, apply on behalf of _____ apply
for an approval to hold swimming competitions at _____ on _____
_____, 2007. Our approval fee of \$_____ (\$25.00 one day, \$40.00 two/+ days), a copy of the information
letter, order of events, warm-up schedule and master entry form are attached.

As a condition of obtaining such an approval, I and the above organization which I represent, agree to abide and govern this event under the rules and regulations of USA Swimming, Inc. and Florida Swimming, Inc. and all other term and conditions upon which this approval may be granted. These terms specifically include all local rules and regulations and those set forth in Article 202 of the current edition of the USA Swimming Rules and Regulations, specific reference to Section 202.4., which provides that:

“In granting this approval it is understood and agreed that USA Swimming/Florida Swimming shall be free and held harmless from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of the event”.

OFFICIALS:

Officials for this meet are members of USA Swimming, Inc. and are certified USA Swimming Officials. The names of the key officials are included in the information letter.

SIGNED (Club Representative) _____ Date _____

(Meet Director) _____

Return ~~Sanction~~ Approval to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

E-mail: _____ Phone: _____

Mail copies of application, information letter, order of events, warm-up schedule, master entry form and approval fee to:

**FLORIDA SWIMMING, INC.
297 E. Hwy. 50, Suite 3
CLERMONT, FL 34711**

For LSC Use Only

Approved: _____ Not Approved: _____ Signed: _____

Approval Number: _____ Date Issued: _____



FLORIDA SWIMMING

MEET APPROVAL – POST MEET REPORT

We observed the conduct of the _____ meet

on _____ date and attest that it was carried out in accordance with Article 202.4 of USA Swimming Rules and Regulations.

(USA-S Certified Official)

(LSC)

(Date)

(USA-S Certified Official)

(LSC)

A copy of the complete Hytek meet backup was sent to the Florida Swimming office on the following date:_____.

(Meet Director)

E-Mail Address

Phone Number

Mail this form to:

**FLORIDA SWIMMING, INC.
% Helen Kelly
297 E. Hwy. 50, Suite 3
CLERMONT, FL 34711**

(O) 352-242-5145

(F) 352-242-5245

(E) FLSOffice2@aol.com