



**Florida Swimming, Inc.**  
 Member of USA Swimming  
**SWIMS/TOP 10 Request Form**  
 214 E. Washington St., Suite B  
 Minneola, FL 34715  
 352-242-5145 (O) 352-242-5245 (F)  
 FLSOffice2@aol.com (E)



Please print legibly all of the requested information and return to the Florida Swimming Office, 214 E. Washington St., Minneola, Florida 34715

Meet Dates: \_\_\_\_\_ Name of Meet: \_\_\_\_\_ Course: SCY LCM SCM

Times Requested by: \_\_\_\_\_ Team Code: \_\_\_\_\_ LSC Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Verification To: Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**For Individual Events: Please \* any foreign athlete (even if a member of USA Swimming).**

NAME (Last, First, MI)	USA Swimming ID Number (must be completed)	Gender (F/M)	Event (Dist/Stroke)	Time	Session (see below)	Date of Swim	Flag (see below)

**Session:** Prelims, Finals, Time Trials, Lead-off, Swim Off    **Flag:** N=National Time; O=US Open; R=Reportable Time

**For Relay Teams:**

Relay Event	Flag	Names, USA Swimming ID's, Gender	Ages
		1	
Time	Session	2	
		3	
Gender: F M		4	

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		1	
Time	Session	2	
		3	
Gender: F M		4	

Issuance of proof of times is subject to verification that competition was conducted in accordance with all applicable USA Swimming Rules & Regulations.