



Florida Swimming, Inc.
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., Suite B, Minneola, FL 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.