2021-2022 Swim Meet Verification Form

Print Full Name: _____

DATE	**# of TEAMS PARTICIPATING**	Served as **REFEREE** (Y/N)	Served as **STROKE & TURN JUDGE** (Y/N)	Served as **STARTER** (Y/N)	**DIRECTOR'S SIGNATURE**	**SCHOOL NAME** *(Print)*

Please send back to NCHSAA office by: **March 1, 2022**

Send via Mail, Email or Fax to:

Melissa Knight
P.O. Box #3216
Chapel Hill, NC 27515
Email: melissa@nchsaa.org *or* FAX: #919-240-7399