

MIDDLE ATLANTIC SWIMMING MEET ACTIVITY SUMMARY REPORT

EVENT: _____ DATE: _____
 LOCATION: _____ SANCTION: _____
 HOST CLUB: _____

Number of clubs entered	_____	Program price	\$ _____	For # sessions	_____
Number male swimmers	_____	Admission cost	\$ _____	Per session	
Number female swimmers	_____	*Deck overcrowded?	Yes	No	
Number swimmers turned away	_____	*Stands overcrowded ?	Yes	No	
Number of clubs turned away	_____	^Deck temperature	Hot	OK	Cold
Number of events cut	_____	^Stands temperature	Hot	OK	Cold

*If yes, please indicate during which session (s) this occurred.

^If other than OK, please indicate in which session (s) this occurred. _____

Meet Director: _____ Safety Director: _____

Head Referee: _____

SESSION STATISTICS

	(1)	(2)	(3)	(4)	(5)	(6)
Session Date:	_____	_____	_____	_____	_____	_____
Age Groups:	_____	_____	_____	_____	_____	_____
Start Warmup:	_____	_____	_____	_____	_____	_____
Start Session:	_____	_____	_____	_____	_____	_____
End Session:	_____	_____	_____	_____	_____	_____

REPORT CERTIFIED BY: _____ MEET DIRECTOR

This report must be sent to the Middle Atlantic office within 45 days of the end of the meet.