

**MIDDLE ATLANTIC SWIMMING  
TOP 16 APPLICATION  
INDIVIDUAL EVENTS**

Use this form to notify the office that a Middle Atlantic swimmer has qualified for National Age Group (NAG) Top 16 consideration in an individual event at a meet within the Middle Atlantic LSC. Proof of time (hard copy of meet results or Commlink file on disk) is required only if the swim is a lead-off split. Only times from USA Swimming sanctioned meets or observed swims may be considered. Complete a separate form for each meet.

Swimmer's full name \_\_\_\_\_ Club \_\_\_\_\_  
Swimmer's address \_\_\_\_\_ LSC \_\_\_\_\_  
USS number \_\_\_\_\_ Age \_\_\_\_\_  
Meet name/location \_\_\_\_\_ Meet \_\_\_\_\_  
Date \_\_\_\_\_  
Sponsoring LSC (if not MA) \_\_\_\_\_

1. Event \_\_\_\_\_ Time \_\_\_\_\_  
2. Event \_\_\_\_\_ Time \_\_\_\_\_  
3. Event \_\_\_\_\_ Time \_\_\_\_\_  
4. Event \_\_\_\_\_ Time \_\_\_\_\_  
5. Event \_\_\_\_\_ Time \_\_\_\_\_  
6. Event \_\_\_\_\_ Time \_\_\_\_\_  
7. Event \_\_\_\_\_ Time \_\_\_\_\_  
8. Event \_\_\_\_\_ Time \_\_\_\_\_  
9. Event \_\_\_\_\_ Time \_\_\_\_\_

Please provide the following information, in case we have questions:

Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City, State, Zip Code \_\_\_\_\_  
E-mail (please!) \_\_\_\_\_ Phone ( ) - \_\_\_\_\_

Mail to  
Middle Atlantic Swimming  
Attn: Top 16 Tabulator  
2018 Naamans Road, Suite 3  
Wilmington, DE 19810

Or fax to 302/529-5549 Attn: Top 16 Tabulator