MINNESOTA SWIMMING

PO Box 1456
Minnetonka, MN 55345

Meet Name:	**Host Club:**	**Meet Dates:**

Note: Any certification with an expiration date during a meet means that the individual is an inactive coach or official for the duration of the meet.

Host Team Administrative Use Only
(All required below)

Coaches and Officials "Sign In" Below		**Non-Athlete Position √ One**				**MUST √ One**		**MUST √ One**		**If credentials are not acceptable or current, what was resolution?**	**REQUIRED for Each NA Member**	
Club Code (Or UN)	**Name (PRINT legibly)**	**Coach**	**Official ("AP" for Apprentice Official)**	**Meet Marshal**	**Other**	**DECK PASS**	**REPORT**	***Acceptable***	***NOT Acceptable***		**Credentials checked & Verified by: (initials|position)**	

Email to Operations Manager: Tracy Meece (tmeece@mnswim.org) within 15 days of your meet.