

## **FACILITY USAGE REQUEST**

Complete this form and submit to MikeSeip@maswim.org for each meet

I,		, certify that I am the
	ch capacity and for and on behalf of ereby affirmed and agreed as follows:	(name of institution)  (name of institution)
	(name of institution)	owns and/or operates a competitive d appurtenances available to be used for the
2.	Said swimming facilities (dimension Swimming Rules and Regulations.	ns, etc.) are in essential compliance with USA
3.	to be held on(date or dates)  familiar with,	(name of meet), which bid I have read and amhas receivedto utilize this entioned competitive swimming event.
4.	Special conditions (such as date(s) a	and time of availability, special limitations, etc.)