FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

Iowa YMCA Competitive Swimming Swim Meet Verification Form

Meet Date: _____

Host Team: _____

Visiting Teams: _____

Contact Name and Phone # for Meet: _____

Swim Official Signatures— (List all officials used in your meet)

Meet Referee:	_____ (Print Name)	_____ (Signature)	(Lvl2)
Admin Official:	_____ (Print Name)	_____ (Signature)	(Lvl2 or A.O.)
Official:	_____ (Print Name)	_____ (Signature)	(Lvl1 or 2)
Official:	_____ (Print Name)	_____ (Signature)	(Lvl1 or 2)
Official:	_____ (Print Name)	_____ (Signature)	_____ (Lvl)
Official:	_____ (Print Name)	_____ (Signature)	_____ (Lvl)
Official:	_____ (Print Name)	_____ (Signature)	_____ (Lvl)

Please email results to iowayswimresults@gmail.com by the Wednesday following your meet.

Send signed copy of this form to jvhswimmail@yahoo.com or by mail within one week of meet.

Jack VerHelst 1629 2nd Street—Boone, IA 50036

THIS IS THE FINAL VERIFICATION PROCESS TO CONFIRM YOUR MEETS ARE OFFICIAL ACCORDING TO THE IOWA YMCA SWIMMING GUIDELINES