

Mississippi Swimming, Inc. Meet Close Out Instructions

Within 14 days after completion of the sanctioned competition:

Send to the Sanctions Chair:

1. Meet Close Out Report (Completed and Signed)
2. Meet Close Out Financials (with check)
3. One hard copy of complete final results

MS Swimming, Inc. - Sanctions
P.O. Box 198
Tupelo, MS 38802

****NOTE:**

Failure to close out the sanction within 14 days shall result in a \$200 fine to the host club. \$100 of this fine will be refunded if the next hosted meet by the club is closed out on time.

Important Contact Information:

Robert Gonzalez, General Chair
rpgonzalez37@gmail.com

Tish Line, Senior Vice Chair
patricia.line7@gmail.com

Stephani Gonzalez, Age Group Vice Chair
coachspeedygonzalez@gmail.com

Eddie Ware, Technical Planning Chair
edware1@hotmail.com

Alison Goodman, Sanctions Chair
msi.registrar25@gmail.com

MSI Meet Close Out Report

I certify that the conduct of this meet _____ (Meet Name / Sanction #) conformed to all relevant USA Swimming technical and administrative rules and meet standards.

I also attest that any official working this meet (meet director, referees, administrative officials, starters, marshals, stroke and turn judges) are current USA swimming members and the appropriate number of meet marshals were on deck during warm-ups and the entirety of the meet, including time trials.

Meet Referee Name (printed) _____

Meet Referee Signature _____ Date _____

My signature acknowledges that I have mailed/emailed results to the following:

- _____ 1. Each team and unattached swimmer participating in this meet
- _____ 2. Robert Gonzalez, General Chair
- _____ 3. Tish Line, Senior Vice Chair
- _____ 4. Stephani Gonzalez, Age Group Chair
- _____ 5. Eddie Ware, Technical Planning Chair
- _____ 6. Alison Goodman, Sanctions Chair (unlocked MM backup)

Meet Referee/Director Name (printed) _____

Meet Referee/Director Signature _____ Date _____

I certify that all times and results have been reviewed and comply with USA Swimming rules.

Administrative Official (printed) _____

Administrative Official Signature _____

Date _____

**MSI Meet Close Out
Financials**

Total number of swimmers _____ x **\$10.00** each = _____

Attach Athlete Entry/Count Report*

-8 and Under Meets and State Meets are **\$15.00** per swimmer**

Check should be made out to: **MS Swimming, Inc**
(Please include sanctions number on memo line of check)

Referee Time Limit Certification

	START TIME	FINISH TIME	MEET MARSHALS
(*min 2 per session)			
1st Session	_____	_____	_____
2nd Session	_____	_____	_____
3rd Session	_____	_____	_____
4th Session	_____	_____	_____
5th Session	_____	_____	_____
6th Session	_____	_____	_____
7th Session	_____	_____	_____
8th Session	_____	_____	_____
9th Session	_____	_____	_____

By signing below, I attest the accuracy of the athlete count reported, and the start / finish times and meet marshals listed.

Meet Referee Name (printed) _____

Meet Referee Signature _____

Date _____