

Section V
State Meet Qualifying Verification

Date _____ School _____ Meet Site _____

PLEASE PRINT

Individual Events

	<u>Athlete Name/Grade</u>	<u>Event</u>	<u>Time/Score</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Relay Events

200 Medley Relay	200 Free Relay	400 Free Relay
Time _____	Time _____	Time _____
Athlete Names/Grades	Athlete Names/Grades	Athlete Names/Grades
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that performances listed above are accurate and was performed in a NYSPHSAA meet in accordance with NFHS rules.

Referee (Signed) _____ Date _____

Referee Name (Please Print) _____ Phone _____

Coach (Signed) _____ Date _____

Coach Name (Please Print) _____ Phone _____

Please mail, or scan and email this form to: norman_schueckler@hflcsd.org
Norman Schueckler
7777 Martin Rd.
Lima, NY 14485

Coaches MUST hold onto their own verification forms
Coordinator will call for forms if needed