

Section V
State Meet Qualifying Verification

Revised 12/01/14

Date _____ School _____ Opponent _____

Please print

Individual Events

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

Relay Events

200 Medley Relay		200 Free Relay		400 Free Relay	
Time _____		Time _____		Time _____	
Athlete Names	Grade	Athlete Names	Grade	Athlete Names	Grade
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

I certify that the performances listed above are accurate and were 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 email this form to:

Scott Fake, BHS, 40 Allen Street, Brockport, N.Y. 14420

Scott.fake@bcs1.org

Deadline for submission is the last Wednesday before Sectional Finals.