

**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**

<b>200 Medley Relay</b>		<b>200 Free Relay</b>		<b>400 Free Relay</b>	
<b>Time _____</b>		<b>Time _____</b>		<b>Time _____</b>	
<b>Athlete Names</b>	<b>Grade</b>	<b>Athlete Names</b>	<b>Grade</b>	<b>Athlete Names</b>	<b>Grade</b>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**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.**