DISQUALIFICATION REPORT FOR OVER-AGE SWIMMERS IN HSL GALAS

CLUB:	**LANE NUMBER:**

Please hand in to Lead Referee **BEFORE THE START OF THE GALA**.

Should there be an **unexpected** last minute need to swim an over-age swimmer, please inform the referee **before the start of the relevant race**, or failing that, immediately after it and **prior to the start of the next race**.

NUM	EVENT	NAME(S) OF O/A SWIMMER(S)

PRINTED NAME OF CLUB REPRESENTATIVE:
SIGNATURE:

PRINTED NAME OF REFEREE:
SIGNATURE:

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