

SNC Approval Request Form for Club Swim Carnival : Summer / Winter Season (please circle) in Year(s) 20__ - 20__

Meet Name:				
Host Club:				
Venue:				
Meet Date(s):				
	Preference 1		Preference 2	
2 Preferred Dates must be submitted				
Length of Pool:	25m	33m	50m	
	(Please Circle)			
Number Lanes:	4	5	6	7
	(Please Circle)			
Type of Timing:	Manual	Semi- Automatic	Automatic	
	(Please Circle)			
Meet Type	Qualifying Meet			
(Please Circle)	No Rule Consideration			
Non-qualifying 25m events and / or 100m IM in a 50m pool may be added to either Qualifying or Development Meets and Rule Consideration may be applied	Minimum Required Events For Qualifying Meet			
	4 x 50m	4x100m	4x 200m	
	200m IM	400m Free	100m IM (SC only)	
	Optional Events			
	400m IM	800m and 1500m Free		
	Development Meet			
	Rule Consideration Applied			
	Minimum Required Events For Development Meet			
	4 x 50m	4x100m	200m Free	
	200m IM		100m IM (SC only)	
Optional Events				
400m Free		400m IM		
3 x 200m Formstrokes	800m and 1500m Free			
Meet Program-Conditions of Entry attached:	Yes	No		
Multi Class events offered:	Yes	No		
Meet Convenor				
Name:				
Contact Number:				
Email:				

Age Groups to be Offered (Please circle age groups offered at meet)				
6years	6years & Under			
7years	7years & Under			
8years	8years & Under	7/8years		
9years	9years & Under	8/9years		
10years	10years & Under	9/10years		
11years	11years & Under	10/11years		
12years	12years & Under	11/12years		12years & Over
13years	13years & Under	12/13years		13years & Over
14years	14years & Under	13/14years		14years & Over
15years	15years & Under	14/15years		15years & Over
16years	16years & Under	15/16years		16years & Over
17years	17years & Under	16/17years		17years & Over
18years	18years & Under	17/18years		18years & Over
All Age	Open			
Qualifying and Break Times Optional				
Technical Officials:				
SAL Accredited Starter:				
SAL Accredited Referee:				
SAL Accredited Judge Of Stroke (JOS):				
JOS Required for Pools with 5 or more Lanes				
(Only nominate Accredited Officials who are first claim members of your club)				
Area Recommendation:				
Recommended		Not Recommended		
Name:				
Date :				
<p align="center">This form can be filled out in excel, by typing or deleting the information. Save the file, attach and email back or can be printed, filled out, scanned and emailed back.</p> <p align="center">Please email Approval Request Form for Club Swim Meet to</p> <p align="center">swimmingnorthcoastcomp@gmail.com</p>				