Swimming AUCKLAND

Disqualification Form

Event:	Heat:	Lane:

Reason for Disqualification

Rule Number:	
Start End:	
Turn End:	Turn No:

Officials Name:	Officials Position:
Officials Signature:	

Referee Name:
Referee Signature:

Office Use:

Swimmers Name:_____

Manager Informed: Yes   No

By Whom:_____ Time:_____

Swimmer Informed: Yes   No

By Whom:_____ Time:_____