

Scratching Form



Scratching Form

Please Scratch the following swimmer:-	Please Scratch the following swimmer:-
NAME:	NAME:
REGION/CLUB:	REGION/CLUB:
From Event Nos:	From Event Nos:
Event Nos:	Event Nos:
Team Manager	Team Manager
Signed	Signed
Accepted	Accepted
Time/Date	Time/Date
Loaded in Meet Manager	Loaded in Meet Manager
Medical Reason Meet Director Accepted	Medical Reason Meet Director Accepted