



# Scratching Form

Please Scratch the following swimmer:-

NAME:

REGION/CLUB:

From Event Nos:

Event Nos:

Team Manager \_\_\_\_\_

Signed \_\_\_\_\_

Accepted \_\_\_\_\_

Time/Date \_\_\_\_\_

Loaded in Meet Manager \_\_\_\_\_

Medical Reason  
Meet Director Accepted \_\_\_\_\_



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