



# ARIZONA SWIMMING OFFICIALS ASSIGNMENT FORM

Pre/Final/Time Final (Circle one)

Sanction # \_\_\_\_\_  
 Warm-Up Time \_\_\_\_\_  
 Start Time \_\_\_\_\_  
 Finish Time \_\_\_\_\_

Meet: \_\_\_\_\_ Date: \_\_\_\_\_ Session: \_\_\_\_\_

Event Numbers	___ TO ___	___ TO ___	___ TO ___	___ TO ___	___ TO ___	___ TO ___	___ TO ___
Event	_____	_____	_____	_____	_____	_____	_____
Time Line	_____	_____	_____	_____	_____	_____	_____
Actual Time Line	_____	_____	_____	_____	_____	_____	_____

**Referee/Starter/Admin**

Deck Referee:	_____	_____	_____	_____	_____	_____	_____
Starter	_____	_____	_____	_____	_____	_____	_____
Admin Official	_____	_____	_____	_____	_____	_____	_____
Far Side	_____	_____	_____	_____	_____	_____	_____

**Stroke & Turn Judges:**

(If using S & T Teams list Here)

(Team 1)      (Team 2)

<b>Stroke:</b>	Far Side	_____	_____	_____	_____	_____	_____
	Near Side	_____	_____	_____	_____	_____	_____
<b>Turn:</b>	Start End	_____	_____	_____	_____	_____	_____
	Turn End	_____	_____	_____	_____	_____	_____
<b>Chief Judge:</b>	Start End	_____	_____	_____	_____	_____	_____
	Turn End	_____	_____	_____	_____	_____	_____
	15 M/R Rope	_____	_____	_____	_____	_____	_____

**Relay Take-off Judges**

Relay Event

Relay Event

	Inside	Outside	Inside	Outside
<b>Start:</b> Lanes ___ - ___	_____	_____	_____	_____
Lanes ___ - ___	_____	_____	_____	_____
<b>Turn:</b> Lanes ___ - ___	_____	_____	_____	_____
Lanes ___ - ___	_____	_____	_____	_____

**Host Team Assignments**

Meet Director	_____
Computer Op.	_____
Timing Machine	_____
Clerk of Course	_____

**Meet Marshals:**

Name                      Position

Name:	_____	_____
Name:	_____	_____
Name:	_____	_____
Name:	_____	_____

**Meet Committee**

Meet Referee	_____
Meet Director	_____
Coach	_____
Athlete	_____
At Large	_____

**Comments:**

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**As Meet Referee I certify that the above session was conducted in accordance with all applicable USA Swimming and Arizona Swimming, Inc. Rules and Regulations. I acknowledge it is my responsibility to input the date into the USA Swimming online tracking system (OTS).**

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

**(MEET REFEREE)**