

Bahamas National Championships

Athlete Scratch Form

Name of Club:	Club Code:		
Coach of Record for this Meet:_			
Contact Number:			
	BA Rulebook for detailed inform		
Swimmers must be scratched from		_	
Swimmers must be scratched in	rom a final event NO LATER th qualifiers.	ian 50 minutes after the po	osting of the
	qualifier 5.		
NAME Last, First, MI	EVENT #	EVENT NAME	SEED TIME
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
Signature: Deliver this form to the Chief Recorder	r.		
FOR INTERNAL USE ONLY TIME RECEIVED: ACCEPTED: [] YES [] NO			

CHIEF RECORDER

BAF Form: #NCR8 (Rev. 06/18)