

BAHAMAS AQUATICS

Bahamas National Championships

Athlete Scratch Form

Coach of Record for this Meet:

_____Club Code:_____

Contact Number:			
Swimmers must be scratched f		ormation regarding scratches. 30 minutes prior to the start of the start of the posti	
NAME	EVENT	EVENT	SEED
Last, First, MI	#	NAME	TIME
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
Signature:			
FOR INTERNAL USE ONLY			
TIME RECEIVED:	ACCEPTED: [] YES [] NO	ENTERED [] YES [] NO	
<u>X</u>	CHIEF RECORDER	1	<u> </u>
	5		m: #NCR8 (Rev. 06/18)

THE BAF IS AFFILIATED WITH: FINA - CCCAN - BOA

Name of Club: