

# Disqualification Form



Event		Heat		Lane	
Free	Back	Breast	Fly	Medley	Relay

Reason for disqualification:

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Official's Name:	Official's Position:
Official's Signature:	

Referee's Name:
Referee's Signature:

*Office Use:*

Swimmer: .....

Region/Club: .....

Announcer: ..... Time: .....

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