



Technical Disqualification Sheet

Event No.	Heat No	Lane No.	<input type="checkbox"/> Men <input type="checkbox"/> Women	Classification
Swimmers Name:				
Code of Exceptions:				
Date:		Time:		
Stroke (Check all that apply)				
<input type="checkbox"/> Freestyle	<input type="checkbox"/> Backstroke	<input type="checkbox"/> Breaststroke	<input type="checkbox"/> Butterfly	
<input type="checkbox"/> Medley	<input type="checkbox"/> Freestyle Relay	<input type="checkbox"/> Medley Relay		
Violation occurred				
<input type="checkbox"/> Start of Race	<input type="checkbox"/> Start of Stroke	<input type="checkbox"/> During Swim		
<input type="checkbox"/> At Turn	<input type="checkbox"/> Finish of Stroke			

Reason for Disqualification: _____ _____ _____ _____ _____
IPC Swimming Rule Number:

Printed Name of Official:	Signature:
Officials Position: <input type="checkbox"/> Turn <input type="checkbox"/> Stroke <input type="checkbox"/> Starter <input type="checkbox"/> Referee <input type="checkbox"/> Other	

Printed Name of Referee:	Signature:
Printed Name of TD:	Signature:

Time Posted/Announced:
