IPC Swimming Technical Official's Swim Meet Log

IPC SWIMMING

Name:

Address: *City:* *State/Provence:*

Country: *E-mail:*

From Date	*To Date*	*Meet Name*	*Location*	*IPC Rules*	*Position Worked*	*Sessions Worked*	*IPC Classes*	*Referee/Official Signature*

IPC Rules: Indicate if the IPC rules were applied to swimmers with a disability
IPC Class(es): Sport classes of the athletes competing at the meet

At the end of September each year forward the completed form to: IPC Swimming
E-mail: ipcswimming@paralympic.org Fax: +49-228-2097-209