

SOLO SWIM OBSERVERS REPORT

DATE _____ ASSOCIATION _____

SWIMMER _____ SEX _____ AGE _____

NATIONALITY _____ DATE OF BIRTH _____

GREASE _____ STROKE _____

Special Considerations _____

COACH _____ CLUB _____

SWIM CREW _____

BOAT _____ PILOT _____ CREW _____

OBSERVER _____ OBSERVER ASSOC. _____

Local HW _____ SPRING/NEAP _____ HEIGHT _____

Local HW _____ SPRING/NEAP _____ HEIGHT _____

START LOCATION _____ Lat. _____ Long. _____

FINISH LOCATION _____ Lat. _____ Long. _____

START TIME (24 hr clock) _____ Hr _____ Min _____ S

FINISH TIME (24 hr clock) _____ Hr _____ Min _____ S

Reason if unsuccessful _____

I / We hereby certify that I/we accompanied on Date
for duration of swim and confirm that the swim was conducted in accordance with.....
..... swimming rules.

(Exceptions to Channel Rules) _____

1st Observer (Print) _____ SIGNED _____

2ndt Observer (Print) _____ SIGNED _____

(ATTACH SWIM LOG SEPERATELY)