



PSAL SWIMMING AND DIVING IN SEASON STATE QUALIFYING VERIFICATION

SWIMMER/DIVER: _____

SCHOOL: _____

DATE: _____

LOCATION: _____

EVENT: _____

TIME/POINTS: _____

ELECTRONIC TIME: _____

(If Electronic time is used, please attach copy of computer print out to this form if possible)
(Two watch times must also be listed with electronic timing)

STOPWATCH TIMING: OFFICIAL'S WATCH: _____

HOME COACH WATCH _____

VISITING COACH WATCH _____

OFFICIAL TIME: _____

(When using stopwatch timing, the Official Time is the middle time of the three watches, or the time if any two watches have the identical times. One watch must be the Official's watch.)

HOME COACH'S SIGNATURE: _____

VISITING COACH'S SIGNATURE: _____

OFFICIAL'S SIGNATURE: _____

All state qualifying times must be called in to the PSAL Swim Commissioner within 24 hours.
This form must be mailed or faxed to the PSAL Swim Commissioner within one week of the meet.

PSAL Swim Commissioner

Bob Kolonkowski

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