



MEET PROTEST FORM (PR 1)

(print on pale blue paper)

Date ___ ___ / ___ ___ /20 ___ ___

Time received _____ Meet Director's Signature _____

DETAILS

Event # _____ Distance _____ metres Stroke _____

Age group _____ - _____ Sex _____
male or female/for mixed relay team write mixed

Swimmer's name _____
first name family name

Reason for protest
.....
.....
.....

OUTCOME of PROTEST Time received by Meet Referee _____

Decision **allowed/disallowed**
Strike out one of above

Meet Referee's Signature _____

Meet Referee's comments
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