



REQUEST FOR APPROVAL OF SWIM MEET SOUTHERN INLAND SWIMMING ASSOCIATION 2018/2019 SEASON

Please complete all questions below and submit directly to **SISA** not to **Swimming NSW**.
Winter meet approvals to be submitted by the 1st Feb each calendar year and Summer meets to be submitted **to the committee seven days prior to AGM** - Please note that Clubs will not be individually notified of swim meet approvals.

Name Of Meet: _____

Length of Pool: ☐ 25m ☐ 50m

Type of Timing: ☐ Automatic ☐ Semi-Automatic ☐ Manual

Venue: _____

Date/s: _____

Competition Starting Time: _____ Will Multi-Disability Events Be Offered? ☐ Yes ☐ No

Age Groups Competing: _____

Meet Designation (please refer to the [Swimming NSW Competition Strategy](#) document and the 'Notes' section at the bottom of this form to ensure you select the correct designation for your meet):

☐ Area Championships

☒ Qualifying Meet

☐ Development Meet

Meet Approval (Please refer to [Swimming NSW Competition Strategy April 2010 & Beyond](#)- Amended Nov 2010)

Initial Meet Approval:

Was Swimming NSW informed of the meet taking place prior to the start of the season in which the meet takes place, so the meet could be placed in the [SNSW/SISA Calendar](#) of events?

Yes ☐ No ☐

The accredited Referee is _____

The accredited Starter is _____

Final Meet Approval

All results to be recorded in Meet Manager and submitted to SNSW within seven days of the meet.

Club/Area: _____

Club/Area Contact Person: _____

Email: _____

Phone: _____

Signed: _____ Date: _____

Area Recommendation:

☐ Recommended ☐ Not Recommended Signed: _____ Date: _____

Swimming New South Wales Approval (Championships Meets only):

☐ Approved ☐ Not Approved