

# OREGON SWIMMING, INC

## REFEREE'S MEET REPORT

To be completed by the Meet Referee for all Oregon Swimming sanctioned meets, except dual meets.

Type of Meet \_\_\_\_\_ Date(s) \_\_\_\_\_

Host Team \_\_\_\_\_ Location \_\_\_\_\_ Pool Size \_\_\_\_\_

Referee \_\_\_\_\_ Meet Director \_\_\_\_\_

Day	Starting Time	Ending Time	Comments
1.			
2.			
3.			

Assistant Referees	Club	Comments
1.		
2.		

Starters	Club	Comments
1.		
2.		
3.		
4.		
5.		
6.		

Stroke & Turn	Club	Comments
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		

Electronic Timer(s)	Club	Comments

Trainee(s)	Club	Position	Comments

<b>Problem Areas (Protests, Equipment Failure, etc.)</b>
<b>Recommendations and Comments</b>

Complete and return to host club Area Officials Chair within ten days of meet. (Use additional pages if necessary.)

Referee's Signature \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_