



Swim Meet Request Form

_____ Long Course (Summer) May – August
_____ Short Course (Winter) September-March

Complete this Meet Request for **each** sanctioned swim meet that your club proposes to host. This is **not a request for sanction**. The information supplied will be used to assist in planning and preparing the Midwestern Swim Meet Schedules for the next year’s seasons.

Upon receipt, Requests will be reviewed by the MWS Meet Scheduling/Sanction Committee for content, suitability, and meeting the needs of the swimmers in the LSC. Upon acceptance and approval, the meet may be scheduled during the requested season. The MWS Scheduling/Sanction Committee is charged with the responsibility of conducting a swimming program in the best interest of all USA Swimming swimmers within its jurisdiction.

Club requesting meet: _____
Meet Director Name: _____
Address: _____
City, State, Zip: _____
Telephone: _____
Email: _____
Meet Referee: _____

Proposed dates: _____ **Pool location:** _____

Did you run the same meet last year? Yes _____ No _____ On which dates: _____

Pool specifications: Length _____ # of Lanes _____
Depth at starting end at 1m _____ at 5m _____
Depth at turn end at 1m _____ at 5m _____

Pool is certified in accordance with USA Swimming policy 104.2.2C(4). Yes _____ No _____

Other information: _____

Type of Meet: Check all that apply

Length of Meet One day _____ Two Day _____ 2 1/2 Day _____ Other _____
A _____ Timed Finals _____ Age Group _____
BB+ _____ Prelim/Finals _____ Age Group _____
B+ _____ Meet Scored: Yes _____ No _____
B- _____ Types of awards: Ribbons: _____ Medals _____ Other _____
NTS _____ Recipients of awards _____
League _____ Presentation method _____
Dev _____
Other _____ Explain _____

Brief Description of what your club will provide and do to make this a great meet:

Brief Description of why your club should host this meet:

Will a facility fee be requested? ___ Yes ___ No
Facility Fee Request Form will be required when submitting Sanction Request. General Chair will review.

Person submitting bid: (Print name) _____ Signature _____
Email: _____ Phone _____

Please attach proposed meet flyer along with the order and list of proposed offered events.
Return all completed documents to the MW Office, 1429 N Webster Ave, Hastings NE 68901