

Coach's **Time** Dispute Request Form

Disputed Time _____

Swimmer _____

Event _____ Heat _____ Lane _____

Team _____

Reason _____

Coach Signature

****Form must be completely filled out and turned in to computer table by the deadline set by the HMO of the Meet****

Pad Time _____ Plunger Time _____

Lane/Timer Sheets 1 _____ 2 _____ 3 _____

Adjusted Time: _____

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