



## SWIM APPEAL FORM

|                   |  |                |  |
|-------------------|--|----------------|--|
| <b>EVENT:</b>     |  | <b>GENDER:</b> |  |
| <b>FULL NAME:</b> |  |                |  |

HEAT, FINAL:

|                   |
|-------------------|
| <b>REASON(S):</b> |
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| <b>SWIMMER OR REPRESENTATIVE NAME:</b> |  |
|  |  |
| <b>SWIMMER COUNTRY</b>                 | <b>SWIMMER OR REPRESENTATIVE SIGNATURE</b> |
|  |  |
| <b>DATE:</b>                           | <b>TIME :</b>                              |
|  |  |

|  |                   |
|--|-------------------|
| <b>RECEIVED BY REFEREE - FULL NAME</b> | <b>SIGNATURE:</b> |
|  |                   |

**DECISION RECORDED**

|                               |   |
|-------------------------------|---|
| <b>REFEREE RECOMEDATIONS:</b> |   |
| APPEAL ACCEPTED.              | Y |
| APPEAL REJECTED.              | N |
| <b>MOTIVATION:</b>            |   |
|                               |   |
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|                               |   |
|                               |   |

|                             |                       |
|-----------------------------|-----------------------|
| <b>REFEREE FULL NAME:</b>   |                       |
|                             |                       |
| <b>REFEREE SIGNATURE:</b>   | <b>DATE:</b>          |
|                             |                       |
| <b>RECEIVED BY REFERRE:</b> | <b>TIME RECEIVED:</b> |
|                             |                       |

DECISION ACCEPTED JURY: Y / N

1.

|                                  |              |              |
|----------------------------------|--------------|--------------|
| <b>JURY OF APPEAL DECISION:</b>  |              |              |
|                                  |              |              |
|                                  |              |              |
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|                                  |              |              |
|                                  |              |              |
| <b>JURY OF APPEAL SIGNATURE:</b> | <b>DATE:</b> | <b>TIME:</b> |
|                                  |              |              |
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|                                  |              |              |