

# South Texas Swimming, Inc. – Meet Referee’s Report

Type of Meet: \_\_\_\_\_ STSI Sanction or Approval Number: ST- \_\_\_\_\_  
 Meet Host or Sponsor: \_\_\_\_\_ Dates of Meet: \_\_\_\_\_  
 Location: \_\_\_\_\_ Meet Director: \_\_\_\_\_  
 Meet Referee: \_\_\_\_\_ Course: SCY \_\_\_ LCM \_\_\_ SCM \_\_\_

Meet Officials: deck Referees, Starters, Relay Take-Off Judges, Stroke and Turn Judges, and Administrative Referees are to be rated by the Meet Referee and / or Chief Judge as appropriate in the following section; along with any comments regarding the performance of announcers, timers, systems operators, timing console operators, Clerks of Course, etc.

Name	Positions	Comments

FACILITY EVALUATION: Please note any exceptional facility features and / or deficiencies, e.g., parking, water quality, ambient temperature, seating, crowd control, PA system, etc:

Please list any problems (management, equipment, water, protests, etc. that were encountered:

Timing system: Manual  Semi-automatic  Fully automatic   
 Timing system used: For all events  For all events Except 25s and 50s  Not at all

Please list any recommendations you feel are important for future meets held in this facility:

Session	Start 12 & U	End 12 & U	Duration

The purpose in documenting the 12 and under start and finish times is to ensure compliance for swimmers in that Age Group stipulated by USA Swimming Rule 204.3.2F. The start time begins when the first 12 and under swimmers actually swims in an event. If, for whatever reason, a meet is suspended, the Four Hour Rule will also be suspended until the meet resumes. Meet Referees must record the 12 and under heats begin and end for each session of the meet. Championship Meets are exempt from the Four Hour Rule

***This Report must be submitted via e-mail to the South Texas Swimming Executive Secretary with any fines imposed; and to the South Texas Swimming Official’s Chair within seven (7) days of this meet’s conclusion! If you need additional space simply include the data in the e-mail transmittal.***

Referee’s digital signature:\* \_\_\_\_\_ Date prepared: \_\_\_\_\_  
 Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip+4: \_\_\_\_\_  
 E-mail address: \_\_\_\_\_ Phone with A/C: \_\_\_\_\_

**\* If you do not have a digital signature, please contact the Official’s Chair. Thank you for your cooperation!**