



MASTERS SWIMMING ONTARIO

**MSO MEET SANCTION REQUEST FORM
FOR PROVINCIAL CHAMPIONSHIPS ONLY.
REVISED Nov 2004.
Refer to the 2002 MSO Handbook p.26-45,
especially Section 8 re Ontario Championships.**

FULL NAME OF HOST CLUB/GROUP _____
OFFICIAL CLUB PSEUDONYM _____ (max 4 letters)
MEET MANAGER : _____
ADDRESS : _____
CITY : _____ POSTAL CODE : _____
PHONE : DAYS : () _____ EVES : () _____
FAX : () _____ EMAIL : _____
PERMISSION TO SHOW YOUR NAME, EMAIL, PHONE, FAX, AND ADDRESS IN MEET SCHEDULE
FOR POSTING ON OUR WEBSITE AND IN PRINT: YES ___ NO ___

DATES OF MEET : _____
WARMUP TIMES : _____ START TIMES : _____
POOL NAME : _____
POOL ADDRESS : _____
COURSE 25m 50m NO. OF LANES : _____ DEPTH AT START : _____ DOUBLE-ENDED: YES ___ NO ___
WARM UP & COOL DOWN FACILITIES : _____

MEET REFEREE : _____
REFEREE'S LEVEL OF CERTIFICATION: LEVEL 4 ___ LEVEL 5 ___
PHONE: ()- _____ EMAIL _____

INDIVIDUAL ENTRY DEADLINE : _____ ENTRY FEE : _____
RELAY ENTRY DEADLINE : _____ ENTRY FEE : _____
RELAY CHECK-IN DEADLINE : _____ DECK ENTRIES NOT PERMITTED.

ORDER OF EVENTS:

<u>DAY 1</u>	<u>DAY 2</u>	<u>DAY 3</u>
_____	_____	_____
_____ or attach other pages _____		
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WE AGREE : -TO ABIDE BY ALL MSO RULES AND SAFETY PROCEDURES
-TO PROVIDE SUFFICIENT MEET OFFICIALS AND TIMERS
-TO SEND WITHIN 15 DAYS AN ELECTRONIC COPY OF MEET RESULTS VIA
STEP 3 ONLINE FORM ON THE MSO WEBSITE.

SIGNED : _____ DATE : _____

MAIL TO: MSO MEET CO-ORDINATOR
Sally O'Brien
1729-200 Clearview Ave.,
Ottawa, ON K1Z 8M2

SANCTION SHALL BE GRANTED
UPON RECEIPT AND APPROVAL OF FINAL
MEET INFORMATION PACKAGE

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