

Disqualification Card

Event _____ Heat _____ Lane _____
Name _____

Specify Applicable Information

<input type="checkbox"/>	Free	<input type="checkbox"/>	Breast
<input type="checkbox"/>	Back	<input type="checkbox"/>	Fly
<input type="checkbox"/>	IM		

Freestyle Relay: Leg _____

Circle Violation

False Start		Stroke
Kick	Turn	Finish
Turn		
Interference		Other

Describe _____

Signature _____

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