

GRAL SWIM MEET RESULTS COVER SHEET

Division: 2 Meet Number: 4 Meet Date: 7/5/06 - Canceled by WX Reached 7/6/06

Meet Start Time: 6:00 PM
 Time Relays Completed: 10:25 PM
 Time Workers Finished: _____

Date Notified Newspaper: 7/7/06
 Date Triple/Quad Report Faxed: 7/7/06

Hungary Creek Marlins vs Asheard Buccaneers
 Home Team Visiting Team

Meet Location: Winston-Salem Circle Pool Length: 25 Yards 25 Meters

POOL DEPTH

Start End: 4' Time Measured: 5:45 AM
 Turn End: 6' Method Used to Measure: Measured Pole
 Measured By: _____

Minimum water depth for racing starts in competition shall be measured for a distance of 3' 3 1/2" (1 meter) to 16' 5" (5 meters) from end wall. Record minimum water depth above from reverse side.

Officials: Official / Team Official / Team
1st Half 2nd Half

Referee: Reck Nelson Reck Nelson

S&T Judges: Russ Boyle Janis Rosenberg JR
Ron Lefew - ASTI AL John Lynch
Mike Doherty Suzanne Ruder
Steve Galt DAVID JOLIFEON - WCR & JWS

Starter: [Signature] [Signature]

Clerk of Course: [Signature] [Signature]

Meet Director: [Signature] [Signature]

Officials "Walking": Michael Dalton
 (Indicate Position) _____

Home Team		SCORE		Visiting Team	
64	5	ONR	3	44	
437	5	NOVICE	3	258	
394	5	JV	3	174	
66	3	VARSITY	5	87	
134	3	SV	5	147	
170	5	OSR	3	107	
	1265	TOTAL			817

Referee Signature: [Signature] Time: 11:00 PM Date: 7/6/06

Cover sheet must be faxed to the GRAL Registrar (Jean Williams) at 364-0431 within 24 hours of completion of meet. Cover sheet can also be mailed to Jean Williams, 12506 Perrywinkle Road, Glen Allen, VA 23059, also within 24 hours of meet completion.

GRAL SWIM MEET RESULTS COVER SHEET

Division: 2 Meet Number: 4 Meet Date: 7/6/06

Minimum water depth

Start End

Lane 1	Lane 2	Lane 3	Lane 4	Lane 5	Lane 6
<u>4'</u>	<u>4'</u>	<u>4'</u>	<u>4'</u>	<u>4'</u>	<u>4'</u>

Turn End

Lane 1	Lane 2	Lane 3	Lane 4	Lane 5	Lane 6
<u>6'</u>	<u>6'</u>	<u>6'</u>	<u>6'</u>	<u>6'</u>	<u>6'</u>

Greater Richmond Aquatic League Certification Training Form

Name: Suzanne Rude Nagasawa Club: HCRA

Date Attended _____

Clinic: 6/13/06 Twin Hickory

Strokes and Turns

Date of Meet

Walked IM _____
 Walked Freestyle _____
 Walked Backstroke _____
 Walked Breaststroke _____
 Walked Butterfly _____
 Walked Freestyle Relay _____
 Walked Medley Relay _____

Called IM _____
 Called Freestyle _____
 Called Backstroke _____
 Called Breaststroke _____
 Called Butterfly _____
 Called Freestyle Relay _____
 Called Medley Relay _____

Starter

Walked

7/6/06

*2nd Half
 Fresh
 Referee*

Referee*

Walked Starter _____
 Walked Clerk _____
 Walked Referee _____
 Completed Referee Certification _____

*Date certified as Strokes and Turns Judge _____

I hereby submit this training record for certification of the above named individual for the indicated position(s). All of the dates are verifiable through meet cover sheets signed by the referee of record.

GRAL Club Parent Representative: *Kathleen J. Buss*
 (Signature)

6/6/06
 (Date)

Please submit to GRAL 1st Vice President.

For GRAL use only

Date certification verified _____ Verified by _____ Re-certification year _____