

SCRATCHES

Team Name _____ Coach's Name _____

Swimmer Name _____

AGE: (circle one) 8 & U 10 & U 11-12 13-14 15-16 17-18

Sex: (circle one) Male Female

STROKE: (circle all that apply)

Breast Short Free I.M. Fly Back Long Free Free Relay Med. Relay

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Swimmer Name _____

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Sex: (circle one) Male Female

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