

# NEW MEXICO SWIMMING TOP 16/RECORDS FORM

DATE OF MEET: \_\_\_\_\_

MEET LOCATION & NAME: \_\_\_\_\_

SWIMMER NAME: \_\_\_\_\_

USA SWIMMING ID#: \_\_\_\_\_

MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

EVENT: \_\_\_\_\_ TIME: \_\_\_\_\_

TEAM: \_\_\_\_\_ COACH/TEAM REP.: \_\_\_\_\_

PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAIL OR E-MAIL FORM AND RESULTS TO:

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**Albuquerque, NM 87123**  
**Home: 505-323-5812**  
**E-Mail: andilecam@aol.com**

**\*\*\*\*\*PLEASE ATTACH MEET RESULTS\*\*\*\*\***