



SWIM OFF FORM

FORMULAIRE DE BRIS D'ÉGALITÉ

Event / Épreuve # _____ Stroke/Nage: _____ Distance: _____ for/pour _____ place

Swimmer's Name /
Nom du Nageur(se)

Club

Accept /
AcceptezLane /
CouloirDecline /
Déclin

JD Place

1 _____

2 _____

3 _____

* Initial

* Initial

☐ Schedule of swim-off / Horaire de nage: _____☐ No swim-off required due to scratches / Pas besoin de nager à cause des forfaits☐ Swim-off declined / Déclin du Bris d'égalité (JD positions if necessary)Admin Desk to inform Referee/Commission and give to Recorder to be completed
Completed form to be included in package to Referees

For Office Use

Only

☐ Clerk
☐ Informed
Referee and
Commission☐ Hy-Tek☐ Heat Sheets
done &
distributed☐ JD completed
after swim-off
in Hy-Tek by R/S☐ No swim-off

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