

2020 COVID-19 SWIM NOVA SCOTIA TIME TRIAL REQUEST FORM

Return to Swim Nova Scotia at least 7 days prior to your event

General Information

Contact Name: _____ Club: _____

Phone Number: _____ E-mail: _____

Date & Time of Event: _____

Location of Event: _____

Address: _____ City: _____

Postal Code: _____ Facility Confirmation Attached? Yes No

Estimated Number of Participants: ___ Athletes ___ Coaches ___ Officials ___ Spectators

Name of Head Official: _____ Electronic Timing System? Yes No

Please Attach a List of Proposed Officials & Order of Events

Describe how social distancing will be maintained before, during and after:

Officials:

Coaches:

Swimmers:

Spectators:

Describe your contingency plan if the maximum number of participants exceeds social gathering limits:

Describe your warm-up procedure:

Please include the use of sprint/pace lanes and which swimmer/lane option you will be using

Acknowledgement

I hereby request that the event/activity/competition described above receive sanction from Swim Nova Scotia.

Signature

Position

Date

FOR OFFICE USE ONLY

___ Approved ___ Disapproved

Name: _____ Position: _____ Date: _____