

# 2020 COVID-19 SWIM NOVA SCOTIA TIME TRIAL REQUEST FORM MODIFIED October 1<sup>st</sup>, 2020

**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

Are all Swimmers, Coaches and Officials fully registered with Swim Nova Scotia? \_\_\_ Yes \_\_\_ No

Name of Head Official: \_\_\_\_\_ Electronic Timing System? \_\_\_ Yes \_\_\_ No

## **Please Attach a List of Officials & Order of Events**

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

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### **Describe your plans for sanitization of all equipment before and after the competition:**

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## **Acknowledgement**

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Date

## **Post Event:**

Please email the hytek results file and final Assignment of Officials to the Swim Nova Scotia office  
(swimming@sportnovascotia.ca)