MASTERS SWIMMING CLUB:

TYPE OF MEET: (eg. Act Belong Commit Club Carnival, Distance)

DETAILS OF MEET: (Venue, address, warm up and start times)

DETAILS OF EVENTS: (List all events)

DATE OF MEET: TYPE OF VENUE: (SC or LC, Indoor or Outdoor)

MEET COORDINATOR:

CONTACT PH: CONTACT EMAIL:

**Please tick boxes on completion:**

|  |  |
| --- | --- |
| I have had my Meet date and events previously approved by the Pool Competition Committee and included in the Annual Calendar |  |
| I have read and followed the **Guidelines for MEET DIRECTORS and CLUBS Conducting a Swimming Meet Sanctioned by Masters Swimming Australia** |  |
| I have completed and enclosed the Risk Assessment Sheet Appendix A |  |
| I have reviewed and enclosed the Pre-Meet Check List for Meet Directors and Meet Referees Appendix B |  |
| I have enclosed the Draft Flyer \* |  |
| I have printed off copies of the Act Belong Commit messages to be read out at the meet as part of our contractual obligations to Healthway |  |

\* Flyer must contain all relevant information as described in the “Host Club Information for Pool Events” & relevant sponsors logos. (Final Flyer to be approved by Swim Meet Coordinator **Sue Pow** before she forwards them to the Branch Office for posting on the MSWA website as part of MSWA requirement).   
**A Meet Manager Backup of the event should be forwarded to Richard Johnson (recorder@mswa.asn.au) for review.**

**Clubs please return this form with Draft Event Flyer 10-8 weeks before event date, VIA EMAIL to Sue Pow** [**susiep@westnet.com.au**](mailto:susiep@westnet.com.au)

**NOTICE OF DOCUMENT/S APPROVAL WILL be emailed back within 7 days of receipt.**

**OFFICE USE ONLY**

Approval No.: Date:

Meet Approved by: Position: Swim Meet Coordinator, MSWA

***NOTE:*** *Clubs please be advised that although this event is sanctioned as part of the annual pool events calendar, Masters Swimming WA takes no responsibility for negligence on the part of the organising Club.*