



INFRACTION REPORT

Date: __/__/__	Event #	Heat #	Lane #
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Infraction (DQ) Code #
Swimmer's name
Notes

Tick box applicable to role of reporting official

<input type="checkbox"/> Inspector of Turns	Signature: _____
<input type="checkbox"/> Judge of Strokes	Name: _____
<input type="checkbox"/> Starter	_____

<input type="checkbox"/> Event Referee	Signature: _____
	Name: _____



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