

UHS MEET REPORT ROSTER / OFFICIALS SIGN IN

Page ____ of ____

Date _____ Location of Meet _____ Session ____ of ____

Meet Host Team _____ Teams In Attendance _____

Person Reporting Meet to UHSAA _____ Start Time _____ End Time _____

Full Name (PLEASE PRINT)	Team Affiliated With	Position Worked	Signature
		Referee	
		Starter	
		Chief Judge	
		Stroke and turn	
		Stroke and turn	
		Stroke and turn	
		Stroke and turn	
		Stroke and turn	
		Stroke and turn	
		Administrative Official	
		Administrative Official	

Referee Notes:

Send report to: uhsaameetassign@gmail.com within 5 Days of meet