

STATE (Q1) /ZONE QUALIFIERS

Due 1st Monday in March

Only fill this out if your swimmer has earned a Q1time standard or has been selected, by the head coach, to swim in a Q1 qualifying relay.

NAME _____ YEAR _____

Short Course Season

Q1 Times (event, time, age group):

Zone (AAA) Times (event, time, age group):

Relay Teams (event, time, age group):

Long Course Season

Q1 Times (event, time, age group):

Zone (AAA) Times (event, time, age group):

Relay Teams (event, time, age group):
