

SWIMSTRONGSVILLE

Patch Award Request Form

Please PRINT all information neatly:

Swimmer:

_____ **First Name**

_____ **Last Name**

_____ **Birthdate**

_____ **Age**

Date Submitted:

Please return completed form to the SwimStrong Patch box on deck at practice.

Note: You will only receive **one** patch per stroke category (Free, Back, Breast, Fly, IM), regardless of the distance, for each time standard achieved (B, BB, A, AA, AAA, AAAA).

Time Standards Achieved

Event Swam:

Meet

Official Time:

Circle Standard Achieved:

B BB A AA AAA AAAA

Event Swam:

Meet

Official Time:

Circle Standard Achieved:

B BB A AA AAA AAAA

Event Swam:

Meet

Official Time:

Circle Standard Achieved:

B BB A AA AAA AAAA

Event Swam:

Meet

Official Time:

Circle Standard Achieved:

B BB A AA AAA AAAA