

APPLICATION FOR STATE QUALIFYING SWIMMING & DIVING MEETS

New Mexico Activities Association
6600 Palomas Avenue NE • Albuquerque, NM 87109
505/923-3110 • Fax: 505/923-3114
www.nmact.org

HOST SCHOOL _____

DATE OF MEET: _____	NAME OF MEET: _____		
PARTICIPATING TEAMS: (circle one)	<u>BOYS</u>	<u>GIRLS</u>	<u>BOYS AND GIRLS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATE OF MEET: _____	NAME OF MEET: _____		
PARTICIPATING TEAMS: (circle one)	<u>BOYS</u>	<u>GIRLS</u>	<u>BOYS AND GIRLS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DATE OF MEET: _____	NAME OF MEET: _____		
PARTICIPATING TEAMS: (circle one)	<u>BOYS</u>	<u>GIRLS</u>	<u>BOYS AND GIRLS</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

The host school must:

- Please check

- | | |
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| | 1. Conduct each meet according to NFHS Rules and the NMAA Handbook. A location must be provided for all swimming and diving events. |
| | 2. Provide the official meet results signed, highlighted, and verified by the Certified Meet Official to the NMAA office within seven calendar days from the date of the meet. |
| | 3. Ensure NMAA/NMOA Certified Officials act as the Meet Official for each hosted meet. |

Signature of Athletic Director

(____) _____
Contact Number

Meet Director (please print)

(____) _____
Contact Number