

**DISQUALIFICATION REPORT**

Bay Rivers District

Event #: \_\_\_\_\_ Heat: \_\_\_\_\_ Lane: \_\_\_\_\_

Swimmer: \_\_\_\_\_ Team: \_\_\_\_\_

Stroke:

Free  Back  Breast  Fly  IM

Relay: Swimmer # \_\_\_\_\_

Stroke Infraction  Early Take-off  Wrong Order

Start:

False Start  Declared False Start  No Show

Infraction:

Judge: \_\_\_\_\_

Referee: \_\_\_\_\_

Raised Hand:  Yes  No

Notified:  Swimmer  Coach

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