Pacific Northwest Association of Masters Swimmers **PNA Date Request Form – For July – December 2023 Meets and Clinics**

Name of sponsoring team/workout group:			Abbreviation:
Contact person:		Phone	::
Email:			
Type of event (check one):		Short-course yards	Short-course meters
		Long-course meters	Clinic
Title o	f event:		
Locati	on of event:		
Physic	cal address of event facility (if	new):	
Proposed date of event:		(first choice)	(second choice)
Meet Referee (for pool meets): Email:			
Additi	onal info re: date request if ne	w meet or different date:	
	OOL EVENTS ONLY: on Status (check one): Sanction	oned Event Recognized Ev	vent
Order	of Events (check one)		
	Regular PNA order of eve		usion of optional events (400 IM selected by meet host during cess
	Championship PNA order	of events	
	Custom order of events	Submit detail during sand	ction/recognition process – not

CLINICS ONLY: Details including focus and "leader":

COMPLETE AND SUBMIT this form no later than April 30, 2023 to: Lorraine Masse, pnameets@swimpna.org

Please address your questions to: Pool meets - Lorraine Masse or Clinics - Wade Praeger

NOTE: Once your event has been approved by the PNA Board for its place on the annual calendar, you will need to complete the formal bid packet and submit all necessary documents to your coordinator and to the online USMS sanction tool for approval and the assignment of your sanction number. Detailed steps for sanctioned and recognized meets and clinics are on the PNA website at <u>swimpna.org</u>.