## Pacific Northwest Association of Masters Swimmers PNA Date Request Form for Meets and Clinics

Name of sponsoring team/workout group:					Abbreviation:	
Contact person:		Phone:		e:		
Email:				<del> </del>		
The second (second second)		Short-	course yards	Short-course meters Clinic		
		Long-o	course meters			
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:			
	POOL EVENTS ONLY: ion Status (check one): Sanctioned	d Event	Recognized E	Event		
Order	of Events (check one)					
	Regular PNA order of events i	rotation	Relay distances and inc and or 1650/1500 free) sanction/recognition pro	selected by meet h		
	Championship PNA order of e	vents				
	Custom order of events		Submit detail during sar now	nction/recognition p	rocess – not	
CLINIC	CS ONLY: Details including focus a	and "lead	er":			

COMPLETE AND SUBMIT this form 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 <a href="swimpna.org">swimpna.org</a>.