

MEET ANALYSIS FORM

- This form is to be filled out after each meet by BOTH the HOME and VISITING team.
- Please mail or email this form to your DIVISION VICE PRESIDENT within 24 hours of the conclusion of each meet. See the directory for the address or email address of your DIVISION VP.

DATE _____ PLACE OF MEET _____

Host Team _____ Visitor Team _____

Starting/Finish times:

1st Session (said starting time) _____ actual start time _____ ending _____

2nd Session (said starting time) _____ actual start time _____ ending _____

Please rate the following: **Excellent** **Good** **Fair** **Poor**

Overall atmosphere _____ _____ _____ _____

Meet organization _____ _____ _____ _____

Coaches conduct _____ _____ _____ _____

Volunteers conduct _____ _____ _____ _____

Parents conduct _____ _____ _____ _____

Swimmers conduct _____ _____ _____ _____

Please answer the following questions:

1. Did the swimmers enjoy the meet experience and come away with a positive feeling?

Yes No

2. Were the coaches organized and setting an example of leadership and good sportsmanship?

Yes No

3. Did the volunteers have a pre-session instructional meeting with a timers clinic and stroke & turn clinic?

Yes No

4. Were certified/knowledgeable officials on the deck during both sessions?

Yes No

5. Were you, as team rep, aware of any NSL violations in either session? If so how were they resolved?

Yes No _____

6. Do you feel, as the team rep, that any of the stroke & turn judges were unfair or biased with DQ slips? If so how?

Yes No _____

7. Were the volunteers supportive, organized and knowledgeable of their job and stayed in their position at all times during the meet?

Yes No

8. Were the necessary supplies including refreshments on hand and the pool set up properly for the meet?

Yes No

9. Was the visiting team rep informed of the lay out of the pool by someone representing the host team?

Yes No

10. Did the Host team rep and/or coach contact the visiting team prior to the meet to agree on the number sessions to be used, starting times, any handicapped swimmers or insufficient workers?

Yes No

Signature _____ Team _____

Please feel free to use the space below to for additional comments.