

**OHIO SWIMMING, INC.  
SENIOR COMMITTEE  
CHAMPIONSHIP MEET EVALUATION FORM**

Meet Name/Location \_\_\_\_\_ Sessions Evaluated \_\_\_\_\_  
Meet Dates \_\_\_\_\_ Name of Evaluator \_\_\_\_\_

Comments concerning the general make up of this meet. (Order of events, events offered, type of meet, length of session, warm-ups, etc.)

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Comments concerning the facility.

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Comments concerning how well this meet was run.

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Changes you recommend to improve this meet.

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What do you really like about this meet?

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The Age Group Committee requests all swimmers, coaches and parents return a completed evaluation form to help us improve our championship meets. Return completed form to the Meet Director or mail to Chris Black, Senior Chair, 310 N. Pennsylvania Ave. Fremont, OH 43420.