



Swimming All-Metro Nomination Form

Circle one **Boys** **Girls**

School: _____ **Swimming advisor:** _____

E-mail: _____ **Home/cell #** _____

TOP SWIMMERS ON YOUR TEAM

Please list name, events and top times in those events

NAME	EVENTS	BEST TIMES
1. _____		
2. _____		
3. _____		
4. _____		
5. _____		
6. _____		

Please fax this form to 529-5207 or e-mail the information to boyd@commercialappeal.com by February 26. Please call David Boyd at 529-2507 if you have any questions.