



## **GKAISA Special Needs Form**

**Championship Meet July 21-23**

**(1 Form per Swimmer)**

**Team Abbreviation** \_\_\_\_\_ **Team Name** \_\_\_\_\_

**Coach's Name** \_\_\_\_\_

**Coach's Cell Phone Number** \_\_\_\_\_

**Coach's e-mail address** \_\_\_\_\_

**Swimmer's Name** \_\_\_\_\_

**Special need** \_\_\_\_\_

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**Requested accommodation**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Events swimmer is entered in**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Form must be received by Wednesday, July 20, 2022.**

**Please send to Tom Schumann, GKAISA Meet Referee, at:**

**Tom Schumann  
642 Heather Brook Circle  
Jefferson City 37760**

**[tomschumann@aol.com](mailto:tomschumann@aol.com)**