

Nashville Swim League MEET ANALYSIS

YOUR EMAIL ADDRESS: _____

DATE OF MEET: _____

PLACE OF MEET: _____

DIVISION (circle one): A AA AAA AAAA AAAAA

Host Team: _____

Visitor Team: _____

Start/Finish Times:

1st Session

(said starting time) _____ Actual Starting Time _____ Ending Time _____

2nd Session

(said starting time) _____ Actual Starting Time _____ Ending Time _____

Please Rate the following:

	Excellent	Good	Fair	Poor
Overall Atmosphere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Meet Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Coaches Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volunteers Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parents Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimmers Conduct	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please answer the following questions:

1. Did the swimmers enjoy the meet experience and come away with a positive feeling? Y N
2. Were the coaches organized and setting an example of leadership and good sportsmanship? Y N
3. Did the volunteers have a pre-session instructional meeting with a timers clinic and stroke & turn clinic? Y N
4. Were certified/knowledgeable officials on deck during both sessions? Y N

5. Were you, as team rep, aware of any NSL violations in either session? **Y** **N**
If so, how were they resolved?
6. Do you feel, as the team rep, that any of the stroke & turn judges were unfair or biased with DQ slips? **Y** **N**
If so how?
7. Were the volunteers supportive, organized and knowledgeable of their job and stayed in their position at all times during the meet? **Y** **N**
8. Were the necessary supplies including refreshments on hand and the pool set up properly for the meet? **Y** **N**
9. Was the visiting team rep informed of the layout of the pool by someone representing the host team? **Y** **N**
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? **Y** **N**

Your Name/Team: _____

Any Additional Comments:

Please send this form to NSL president.