

WAVEMAKER COMMENTARY FORM

Please provide as many details as possible and turn in the form in as timely a manner as possible. We do ask that forms be signed, but will be kept completely confidential. Please turn the form in to any Board member. Thank you!

Your swimmer's name:

Date:

Date of happening:

Describe: _____

What would you like to see happen? _____

Any additional input: _____

Signature: _____