

Regional Diving Information Form

Name of Institution: _____

Institution Address: _____

Diving Coach: _____ Diving Coach's Email: _____

Diving Coach's Office #: _____ Diving Coach's Cell #: _____

Diving Coach's Total Years' Experience: _____ Diving Coach's years at current Institution: _____

Head Swim Coach: _____ Head Swim Coach's Email: _____

Head Swim Coach's Office #: _____ Head Swim Coach's Cell #: _____

Region: 1 (Denison) 2 (Trinity) 3 (Springfield) 4 (Ithaca)

Qualifying Student-Athletes Name: Last: _____ First: _____

Sex: Male Female

Year: FR SO JR SR

Qualifying Scores (Must match the qualifying scores that are being sent in with this form)

6 Dives

1 Meter (Score 1) _____ Date _____ (Score 2) _____ Date _____

3 Meter (Score 1) _____ Date _____ (Score 2) _____ Date _____

11 Dives

1 Meter (Score 1) _____ Date _____ (Score 2) _____ Date _____

3 Meter (Score 1) _____ Date _____ (Score 2) _____ Date _____

Conference Championships

1 Meter (Score) _____ Date _____ Conference _____

3 Meter (Score) _____ Date _____ Conference _____

*This form, along with the signed qualifying diving sheet(s), must be sent to
Lewis Fellingner divencd@gmail.com OR Fax: 888-578-5719

DEADLINE: 8 p.m., Eastern time, Feb. 24.