

**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 #: \_\_\_\_\_

Regional:     1     2     3     4

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](mailto:divencd@gmail.com) or Fax: 888-578-5719

**DEADLINE: 8 p.m., Eastern time, Feb. 26.**