

Division III Men's and Women's 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: ☐ Central ☐ Midwest-South-West ☐ Northeast-North ☐ Northeast-South

Qualifying Student-Athlete's 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

DEADLINE: 8 p.m., Eastern time, Feb. 24, 2025.