



TAPING REVIEW FORM

Date: _____

The following athlete is requesting a taping review by the competition taping committee:

Name: _____

Club: _____

Age: _____ Male Female

Event: _____ Heat: _____ Lane: _____

Additional Comments:

Coach/Representative: _____

Supporting documents: Please provide all supporting documents, including photos of the taping on the athlete.

Committee Approval: Yes No

Committee Members: _____

Committee Signatures: _____