

Swimmer's Name: _____ Group: _____ Parent/Guardian Name: _____

Swimmer's Name: _____ Group: _____ Email: _____

No	Job/Position	Event	Date	Signature/Stamp	Points
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
TOTAL					

Note: Please submit this PPP record form by January 31, 2018.