ONTARIO ARTISTIC SWIMMING-- COACH CARD

ON

Please fill in with type or write in capital letters!

Club:				
Competition:			**Age Group:**	
Event: Prelims ☐ Finals ☐	☐ Solo Tech	☐ Male Solo Tech	☐ Duet Tech	☐ Mixed Duet Tech
	☐ Solo Free	☐ Male Solo Free	☐ Duet Free	☐ Mixed Duet Free
	☐ Team Tech	☐ Team Free	☐ Acrobatic	☐ Combo
Theme:				
Name of competitor(s):				

ELEMENTS IN ORDER OF PERFORMANCE

TIME	PART	EL	BASE MARK	DECLARED DIFFICULTY	BONUS	DD	TC

Club: _____ Coach: _____

Date: _____ Signature: _____