

Observer Report Cover Page



Relay Name: _____

Name: _____ Gender: ____ Age: ____ Resident: _____

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Support Personnel

Pilot Name: _____ Vessel: _____ Port: _____

Crew Name & roles:

Swim Details

Date: _____ Body of water: _____ Location: _____

Route description: _____

Distance: _____ Start time: ____:____:____ Finish time: ____:____:____ Elapsed: ____:____:____

Record claims: _____

Rules & Conduct

Feeding plan: _____

Equipment, devices and swimwear used by swimmer:

Modifications of Galilee MSA standard swim rules:

I witnessed this swim in its entirety, start to finish, and attest that it was conducted in strict accordance with the rules and spirit of traditional marathon swimming.

Observer Name: _____ Signature: _____