

Observer Report Cover Page



Swimmer

Name: _____ Gender: __ Age: __ Resident: _____

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: _____