SANTA BARBARA CHANNEL SWIMMING ASSOCIATION SWIM LOG

Swimmer or Relay Team: ______ Total Time: ______

Start Date and Time: ______

Support Vessel: ______ Finish Date: ______

Swimmer Coach: ______ Finish Time: ______

Paddlers: ______ Swim From: ______

Observers: ______ Swim To: ______

Time	Water Temp.	Air Temp.	Stroke Rate	Observations: (incidents, weather, waves, currents, etc)