

CCCE SWIMMER

HEAT SWIMMER

US-S # _____

DOB (mm/dd/yy), first 3 letters of first name; middle initial,
first 4 letters of last name

SWIM MEET ENTRY FORM

SWIMMERS FULL NAME: _____
FIRST MI LAST

NAME OF MEET: _____

MEET DATE: _____

DAY	EVENT #	EVENT DESCRIPTION
1		
1		
1		
1		
1		
2		
2		
2		
2		
2		
3		
3		
3		
3		
3		

_____ YES, I WOULD LIKE TO BE PLACED IN RELAYS.

_____ DAY ONE

_____ DAY TWO

_____ DAY THREE

_____ NO, I DO NOT WANT TO BE PLACED IN RELAYS.

OF EVENTS ENTERED:

_____ X \$ _____ = \$ _____

SWIMMER SURCHARGE

(IF APPLICABLE) = \$ _____

TOTAL = \$ _____

- PLEASE MAKE CHECKS PAYABLE TO CCCE. INDICATE ON CHECK THE NAME OF SWIMMER AND NAME OF MEET.
- PLACE THIS FORM AND MEET FEES IN AN ENVELOPE, LABEL IT WITH THE MEET NAME AND FAMILY NAME.
- PLACE ENVELOPE IN COACH'S BOX AT POOL.
- REMEMBER TO GET MEET ENTRY IN BEFORE DEADLINE.

PLEASE INDICATE A CONTACT NUMBER BELOW, IN CASE THERE ARE ANY QUESTIONS ABOUT THIS ENTRY.
