

RELAYS: Women

Team Information:

Event #	1	5	15	27	39		Team: _____
	200 Med	800 Free	400 Free	400 Med	200 Free		Team Abbv: _____ LSC: _____
A Team							Coach: _____
B Team							Address: _____
C Team							City: _____
D Team							State: _____ ZIP: _____
							Phone: _____
							e-mail address: _____

RELAYS: Men

Office Use Only

Event #	2	6	16	28	40		Approve/Reject	Notify	Notes: (add any and all info)
	200 Med	800 Free	400 Free	400 Med	200 Free				
A Team									
B Team									
C Team									
D Team									

ENTRY FEE

_____ Surcharge @ \$18.00	Amount
_____ Indiv. Entries @ \$ <u>9.00</u>	
_____ Relay Entries @ \$ <u>18.00</u>	
Paper entry fee processing surcharge: \$10.00 Club/Team \$5.00 individual amateur athlete	