SOUTHERN CALIFORNIA SWIMMING/USA SWIMMING 'PROOF OF TIME' ENTRY CARD

SWIMMER'S NAME _____ AGE _____ ☐ MALE ☐ FEMALE

LAST NAME _____ FIRST NAME _____ M.I. _____

EVT NO.	FREE (SUBMITTED TIME)	EVT NO.	BACK (SUBMITTED TIME)	EVT NO.	BREAST (SUBMITTED TIME)	EVT NO.	FLY (SUBMITTED TIME)	EVT NO.	IND. MEDLEY (SUBMITTED TIME)
	25 : .		25 : .		25 : .		25 : .		100 : .
	50 : .		50 : .		50 : .		50 : .		200 : .
	100 : .		100 : .		100 : .		100 : .		400 : .
	200 : .		200 : .		200 : .		200 : .	NO. OF EVENTS	X $
	400/500 : .								
	800/1000 : .								
	1500/1650 : .								

USAS NUMBER: | Birthday mm/dd/yy | 1st 3 letters 1st name | MI | 1st 4 letters of last name |

MEET ENTERING: _____

TEAM: _____

COACH: _____ PHONE _____

PARENT/GUARDIAN: _____ PHONE _____

PARENTS EMAIL: _____

PLUS SURCHARGE $ _____

PAY THIS AMOUNT $ _____

PLEASE DO NOT FOLD

OVER

PLEASE DO NOT FOLD

OVER

PROOF OF TIME BOX

FILL IN THE FOLLOWING BOX ACCURATELY **BIRTHDATE OF SWIMMER** (Mo.) (Day) (Year) (Age)

Distance	Stroke	Time	Where (Name. Place of Meet)	Month	Day	Year

(NAME -PLEASE PRINT) *(SIGNATURE OF COMPETITOR, PARENT OR GARDIAN*

NOTE: THERE IS AN AUTOMATIC $10.00 SEARCH FEE FOR MISSING OR INCORRECT INFORMATION.

SUBSTANTIAL FINES MAY BE IMPOSED FOR FALSE TIMES.