CENTRAL ZONE CHAMPIONSHIP MEET
SWIMMERS WITH A DISABILITY ENTRY FORM
14 & U MEETS

Name: _____ Club: _____LSC:_____

USA Swimming #:_____ Age first day of the meet: _____

Swimmer email address: _____

Swimmer phone #: _____

Name of person completing this form: _____

Email address: _____

Phone #: _____

Please enter events below. The maximum number of events for swimmers 14 and under is six (6) events. Please indicate the swimmer's preference regarding seeding of their entry for each event. Please note that changing age groups may change the session that the swimmer swims. Changing the distance may affect the date on which the swim occurs. Take these factors into consideration when selecting the seeding procedure for each event listed below. The Meet Referee has the final decision regarding seeding procedures.

Disability-related accomodations:_____

EVENT #	EVENT DESCRIPTION	ENTRY TIME	SEED WITH AGE GROUP (same age, same distance)	SEED WITH DIFFERENT DISTANCE (same age, different distance)	SEED WITH COMPARABLE TIME (younger age, distance depends on entry time)