

**CENTRAL ZONE CHAMPIONSHIP MEET
MEET STAFF
14 & U MEETS**

LSC _____

INSTRUCTIONS: Please complete the information requested and submit with Meet Entries.

COACHING STAFF:

Head Coach:

Cell Phone:	Email:
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Assistant Coach:

Assistant Coach:

Assistant Coach:

Assistant Coach:

Assistant Coach:

Assistant Coach:

Assistant Coach:

Assistant Coach:

Assistant Coach:

Assistant Coach:

LSC REPRESENTATIVE FOR MEET: (Official contact – LSC/Meet Director)

Name: _____

Cell Phone number _____ Email _____

Alternate: _____

Cell Phone number _____ Email _____

Position on or with LSC Team: _____

Hotel Name/Phone number during Meet: _____