

ENTRY SUMMARY

Please fill out the information requested below and submit with your payment.

NAME OF CLUB _____ CODE _____

Number of individual entries: _____ X \$35.00 = _____

Number of Swimmers – Michigan Swimming Surcharge _____ X \$3.00 = _____

TOTAL AMOUNT ENCLOSED: _____

Club Official Submitting Entry:

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Daytime Phone: () _____

Coaches:

Head Coach E-mail Address: _____

Club Official Email: _____

Signature of Club Official/Coach _____ **Date** _____

*You may have one designated spokesperson for your team to talk to the referee or Clerk-of-Course. The coach would be the logical person.

Please list the name of your spokesperson: _____

Did you include:

<input type="checkbox"/>	Entries in Writing
<input type="checkbox"/>	Check for entries and surcharges
<input type="checkbox"/>	This completed form