BOYS ENTRY FORM

| Team Name: Coach or Contact: | | | | | | | Number of individual entries this sheet: Number of Crescendo Relay entries this sheet: | | | | | | |
|------------------------------|-----|---------|------------|---------|------------|---------|--|---------|------------|---------|------------|--------------------|--|
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**Entries must be received no later than <u>FRIDAY, NOVEMBER 7, 2008.</u>

 Mail all entries to:

 Denise DiDonato

 2221 Fast 42rd Str**

Please make check payable to: **ASHTABULA Y SWIM TEAM**

ries to: Denise DiDonato 2231 East 43rd Street Ashtabula, OH 44004

Number of Crescendo Relay Teams FEE (TEAMS X \$12)