



MEET ENTRY SUMMARY

Team Name _____
Meet _____
Date _____
Sanction No. _____

Team Logo
(optional)

FEMALE SWIMMERS

MALE SWIMMERS

Age Group

Number

Age Group

Number

8&Y: _____

8&Y: _____

9-10: _____

9-10: _____

11-12: _____

11-12: _____

13-14: _____

13-14: _____

15&O: _____

15&O: _____

Total Female: _____

Total Male: _____

Total Swimmers _____ X \$2.00 per swimmer = Surcharge: _____

Total Individual Events _____ X \$2.00 per event = Event Fee _____

Total Relays _____ X \$8.00 per event = Relay Fee _____

Total Meet Fees: _____

Check Number: _____

NAME AND ADDRESS OF PERSON TO CONTACT FOR ENTRY QUESTIONS

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____