

12 & Under LC Age Group Championships

Blodgett Swimming Center, Harvard University

July 24-27, 2003

TEAM NAME: _____ ABBR.: _____

COACH: _____ PHONE: _____

Name and address of the person to receive all communication including meet results, timing assignments, warm-up changes and questions about entries:

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____ FAX: _____

Day: _____ Evening: _____ email: _____

ENTRY FEES

_____ Individual Events @ \$3.50 or \$4.00 each (for \$ _____
hand entries)

_____ Relay events @ \$10.00 each \$ _____

TOTAL \$ _____

Make check payable to: **MASS BAY MARLINS**

NE SWIMMING TRAVEL FUND SURCHARGE

_____ Individual swimmers * @ \$1.00 each \$ _____
(include relay-only swimmers)

Make check payable to: **New England Swimming**

* For any swimmer to compete, or be listed as a relay member, the swimmer's name must appear on the club's entry.

MAIL ENTRIES & CHECKS TO:

MASS BAY MARLINS ,C/O Carol Healey, 47 May St, Needham, MA 02492

Phone: (781) 444-2014

ENTRY DEADLINE: Entries must be received by **TUESDAY, July 15, 2003 at 5:00 PM.**

VOLUNTEER OFFICIALS: Please list Officials and contact information:

LIABILITY RELEASE

Any swimmer whose entry is accepted will, for him/herself, his/her heirs, executors, and administrations, waive and release any and all rights and claims for damages he/she may have against United States Swimming, New England Swimming, Mass Bay Marlins, and Harvard University for any and all injuries suffered by him/her at said meet.

_____/_____/03
Date

Signature of Authorized team Official