SUMMARY SHEET The Cape Cod Swim Club Age Group and Senior Team Specialty Meet May 17-19, 2002

Name of Team:		Code Letters:	
Team Mailing Address:			
Coach:		Phone:	
Contact Person:		Phone:	
Girls Boys Distance	$ \begin{array}{cccccccccccccccccccccccccccccccccccc$		
Relays	TOTAL		
Entry Deadline: Ma	y 4, 2002		
Please make checks payable Mailing Address:		Lane), Pocasset, MA 02559-0966	
and claims for damages he/she	may have against USA Swimm	or executors and administrators, waive and release any and all right ning, New England Swimming, The Cape Cod Swim Club, Th nusetts for any and all injuries suffered by him/her at said meet.	
Signature: Authorized Te	am Official		
Names and phone numbers of	of Certified Officials from y	our club:	