

Bay & Ocean State Squids Team Specialty Meet

Smith Swim Center,
Brown University, Providence, RI
July 7 – 9, 2006

Sanctioned by NE Swimming #NE-06-57 & NE-06-57TT

CONTACT INFORMATION

Team Name: _____ Abbreviation: _____
Deck Coach: _____ Phone: _____ Email: _____
Entries Contact: _____ Phone: _____ Email: _____

ENTRY FEES

_____ Individual Electronic Entries	@ \$3.50	=	\$ _____
_____ Individual Non-Electronic Entries	@ \$4.00	=	\$ _____
_____ Distance Event Electronic Entries	@ \$5.00	=	\$ _____
_____ Distance Non-Electronic Entries	@ \$5.50	=	\$ _____
_____ Swimmer Participation Fee	@ \$10.00	=	\$ _____
Total:			\$ _____

Make check payable to: **Ocean State Squids**

Mail entries and check to:
Bay & Ocean State Squids
c/o Jack LeBlanc, Entry Chairperson
18 Lebreau Way
Coventry, RI 02816
401-821-0439

Entry Deadline: June 30, 2006
*For e-mailed entries, this form and payment
must be received within four business days
of your entry e-mail.*

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, Bay & Ocean State Squids and Brown University for any and all injuries suffered by him/her at said meet. **In submitting this entry the undersigned team certifies that all athletes in the entry are registered with USA Swimming and understands that the team may be fined \$100 for each swimmer in the entry that is not registered with USA Swimming.**

Signature of Authorized Team Official

Date