



MEET ENTRY FORM

MEET NAME _____

SWIMMER NAME _____

AGE FOR MEET _____

USA SWIMMING # _____

EVENT #	EVENT	EVENT FEE

Total Event Fees: _____

Meet Fees

- Out of county & Prelim-Final Meets: **\$10** _____
- In County Meets: **\$5** _____
- Host Team Facility Surcharge _____

Total Meet Fees _____

Total Fees (Event Fees + Meet Fees) _____

- Please make payment to TAMARAC SWIMMING
- Please place in an envelope labeled with family's name.

