

SOUTHERN CALIFORNIA SWIMMING - USA SWIMMING ENTRY CARD

SWIMMER'S _____ AGE _____

<input type="checkbox"/>	MALE
<input type="checkbox"/>	FEMALE

NAME LAST NAME FIRST NAME INITIAL

EVT NO.	FREE (SUBMITTED TIME)	EVT NO.	BACK (SUBMITTED TIME)	EVT NO.	BREAST (SUBMITTED TIME)	EVT NO.	FLY (SUBMITTED TIME)	EVT NO.	IND. MEDLEY (SUBMITTED TIME)
	25 : .		25 : .		25 : .		25 : .		100 : .
	50 : .		50 : .		50 : .		50 : .		200 : .
	100 : .		100 : .		100 : .		100 : .		400 : .
	200 : .		200 : .		200 : .		200 : .		
	400/500 : .								
	800/1000 : .								
	1500/1650 : .								

SCS NUMBER: _____
 TEAM _____
 ABBREVIATION _____
 MEET ENTERING _____
 COACH _____ PHONE _____
 PARENT/GUARDIAN _____ PHONE _____

NO. OF EVENTS X \$ _____
 PLUS SURCHARGE \$ _____
 PAY THIS AMOUNT \$ _____

PLEASE DO NOT FOLD

PLEASE DO NOT FOLD