SOUTH SHORE YMCA STRYPERS TEAM DISTANCE MEET JANUARY 5, 2003

NAME OF TEAM:	ABBREVIATION:
TEAM ADDRESS:	PHONE:
COACH:	PHONE:
CONTACT PERSON:	PHONE:
TEAM E-MAIL ADDRESS:(required)	
NO. OF ENTRIES BOYS: GIRLS:	X \$3.50 = X \$3.50 = X \$.50 = (required for hand entries) TOTAL =
ENTRY DEADLINE: DECE MAKE CHECK PAYABLE TO: MAIL ENTRY & CHECK TO:	YSS SWIM TEAM
EXECUTORS AND ADMINISTRA AND CLAIMS FOR DAMAGES H NEW ENGLAND SWIMMING, SO	IS ACCEPTED WILL FOR HIMSELF, HIS HEIRS, OR ATORS, WAIVE AND RELEASE ANY AND ALL RIGHTS E/SHE MAY HAVE AGAINST UNITED STATES SWIMMING, OUTH SHORE YMCA STRYPERS SWIM TEAM AND THE AND ALL INJURIES SUFFERED BY HIM/HER AT SAID
	AUTHORIZED CLUB OFFICIAL'S SIGNATURE NAME: TITLE:
PLEASE LIST OFFICIALS WHO NAME: NAME: NAME:	MAY BE INTERESTED IN VOLUNTEERING TO HELP PHONE: