

**ENTRY SUMMARY SHEET
BELMONT AQUATIC TEAM SPECIALTY MEET
WHEATON COLLEGE, JANUARY 24-26, 2003**

Name of club: _____

Abbreviation: _____ Team address: _____

City: _____ State: _____ Zip: _____

Name of contact person: _____

Contact person address: _____

Contact phone number: _____

Contact e-mail: _____

Coach (Name only): _____

Number of swimmers: _____

Number of entries: _____

Total enclosed @ \$3.50 per entry; \$.50 surcharge for hand entries: _____

Any swimmer whose entry is accepted will, for himself or herself, his/her heirs, executors, and administrators, waive and release any and all rights for damages he/she may have against United States Swimming, New England Swimming, the Belmont Aquatic Team, Wheaton College, Norton, MA or any of their respective representatives for any and all injuries suffered by him/her at said meet.

Signature of Club Official

Send to: Bob Glynn
319 Mill Street
Belmont, MA 02478