



**JANE ORR CRONIN MEMORIAL MEETS**  
**Team Distance Meet**  
**October 13, 2002**  
**Sanctioned by New England Swimming / NE-02-59**



[http://www.geocities.com/hav\\_cudas](http://www.geocities.com/hav_cudas)

**PRESENTED BY:** The New England Barracudas Swim Team .  
**INFORMATION FROM:** Carlton Cronin 978-521-4751 from 7:30-9:00 PM only.

**DATE:** Sunday October 13, 2002

Warm-up: Morning Session ALL ..... 8:00 - 8:45 am, Meet starts at 8:50 am  
(Continuous warm-up available)

Warm-up: Afternoon Session ALL ..... 1:00 - 1:45 PM, Meet starts at 1:50pm.

**FACILITY:** (NOTE: different site this year) The Charles C. White Pool, Haverhill High School campus. A 25 yard, 6 lane pool with Kiefer Lane Control System. **NEW Colorado Timing System with Timing Console Interface and scoreboard.** Seating for 350 spectators, plus bullpen area. Plenty of free off street parking.

**ELIGIBILITY:** All swimmers must be 2002 or 2003 registered swimmers with U.S. Swimming. New England swimmers may register with Mary Riddell, 20 Cleveland Road, Needham, Mass. 02492.

**ENTRY INFORMATION:** Manual entry forms must be completed and received by Saturday October 5, 2002. Make check payable to: "Haverhill Barracudas". Current U.S. Swimming numbers MUST accompany all entries. Entry fees MUST accompany entries and are not refundable except if over subscribed. Send entries to JOCMM 2002, c/o 119 Andover St., Andover, MA 01810. (Certified mail, return receipt requested signature waved is suggested)

**ELECTRONIC ENTRIES:** If your team has a computerized entry system you may e-mail the zipped entry file as an attachment to: meetentries@yahoo.com . Make sure that the team address and contact e-mail address is correct as this information will be used as your team contact and meet information. For e-mail entries, payment and hard copy must be received within 4 business days of receipt of the e-mail entry. If the payment is received within 4 business days of the e-mail entry, the date of receipt of the e-mail entry will be considered the date your entry was received by the CUDA's. If payment is not received within the 4 business days, the entry will be considered received as of the date that the payment and hard copy are received. The first date that electronic entries will be accepted is September 19th, 2002 at 9 am EST.

**FEES:** Electronic Entries - \$3.50 per event, \$4.00 per 1000, additional .50 per entry for entries which must be entered by hand.

**FORMAT:** All events will be deck seeded timed finals. Positive check in will be 15 minutes before the start of each session. Events with less than three (3) entries will not be run. **NOTE:** A coach's time if a swimmer hasn't swum the event in competition will be accepted. A "NO" time entry will not be accepted.

**SEEDING:** The 500 will be seeded and swum fastest to slowest alternating female and male. The 400 IM will be seeded by time as ONE event for women and ONE event for men. Separate awards for 13-14 and Open. The 1000 will be seeded and swum combined women and men fastest to slowest. *If necessary, heats five through the end will/can be swum two-to-a-lane (Swimmers will be notified in advance).* Separate awards for women and men.

**RULES:** 2002 U.S. Swimming rules will govern all competition and decision by the meet referee will be final, unless a written protest is lodged in accordance to U.S. Swimming rules.

**PROCEDURE FOR CUTTING MEET:** The meet will be cut by the meet director in the following manner: A lottery will be held in order to comply with the "4" hour rule. Notification of cuts will be made by October 4<sup>th</sup> .

**AWARDS:** Custom medals to the top 6 finishers in each event.

**ADMISSION:** \$1.00 per session, children free. \$1.00 per "psyche" sheet.

**SWIM SUPPLIES:** May be available.

**REFRESHMENTS:** Will be available for sale.

**SPECIAL INSTRUCTIONS:** There will be absolutely no diving in any part of the pool during warm-ups, except in specially designated sprint lanes that will be announced by meet director. Swimmers must be under the supervision of their coach. Swimmers attending the meet without a coach should report directly to the referee. Also, no food or drink in pool area and absolutely **NO SHAVING will be permitted at the facility.**

**DIRECTIONS:** From the south take 495 to exit 50 (Rt. 97). At end of ramp go directly across through lights, on to Monument St., proceed to stop sign. Go straight through intersection. High school is on right. Pool is large building on right. From the north take 495 to exit 50 (Rt. 97). Turn left at end of ramp. Cross over 495, take first left at lights, on Monument St (see above). From exit 50, pool is less than 1/2 mile away.

**OFFICIALS:** Each club will be requested to furnish names of timers or other officials on entry blank and will be called in advance.

**COACHES:** All coaches or team representative must submit their team scratches to the office 30 minutes prior to there start of each session.

All teams **MUST** submit:

Electronic Entries: An electronic entry, an electronic meet summary sheet and a signed waiver OR  
Manual Entries: A printed meet entry, a printed meet summary sheet and a signed waiver (below)

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**Sunday morning session (8:00 AM Warm-up - 8:50 AM start)**

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Event Number Female	Event (Yards)	Event Number Male
1	10 & Under 200 Free	2
3*	12 & Under 500 Free	*4
5	13 & 14, Open 400 IM	6

(\* events 3 & 4 will be swum fastest to slowest, alternating female and male)

\*\*\*\*\* Time trials as requested by coaches - time permitting \*\*\*\*\*

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**Sunday afternoon session**  
**Warm up immediately following AM session but not before 1:00 PM.**

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Event Number Female	Event (Yards)	Event Number Male
7**	Open 1000 Free	7**

(\*\* Males and females will be combined and will be swum together fastest to slowest. Swimmers may be combined two to a lane. Swimmers/coaches will be notified in advance if done so.)

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====> *This form must accompany manual entries* <====

Club Name \_\_\_\_\_ Abbreviation [ ] [ ] [ ] [ ]  
 Club Address \_\_\_\_\_ City \_\_\_\_\_ State [ ] [ ] Zipcode [ ] [ ] [ ] [ ] [ ] [ ]  
 Head Coach \_\_\_\_\_ Phone # [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Club Phone # [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] E-Mail \_\_\_\_\_ FAX # [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Any swimmer whose entry is accepted will, for himself, his heirs, executors and administrators, waive and release any and all rights and claims he may have against the Charles C. White Pool, Haverhill High School, the City of Haverhill, the New England Barracudas Swim Team and New England Swimming for any and all injuries suffered by himself at this meet.

Contact Person I (please print neatly) \_\_\_\_\_  
 Phone Number (Days) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] (Evenings) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Contact Person II (please print neatly) \_\_\_\_\_  
 Phone Number (Days) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] (Evenings) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Entries should be sent Certified mail, return receipt requested signature waived to: JOCMM 2002, c/o 119 Andover St., Andover, MA 01810. Make checks payable to **Haverhill Barracudas**.

	Amount Enclosed			
Number of Events	1000	_____	X \$4.50 =	_____
Number of Events**	Girls	_____	X \$4.00 =	_____
Number of Events**	Boys	_____	X \$4.00 =	_____
Number of Events	Total	_____	Total	_____

\*\* Not including the 1000

Signature of Club Official \_\_\_\_\_ Position \_\_\_\_\_

Names of individuals willing to time/ officiate:


(Do not write below this line)

Page 1 of \_\_\_\_\_

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Postmark Date \_\_\_\_\_ Received \_\_\_\_\_ Check # \_\_\_\_\_

**OFFICIAL NEB/ NEW ENGLAND SWIMMING ENTRY FORM  
JOCMM 2002**

<b>Name / U.S.S. Number</b>	<b>Sex M/F</b>	<b>Age*</b>	<b>Event 1 Girls 10 &amp; Under 200 Free / Seed Time</b>	<b>Event 2 Boys 10 &amp; Under 200 Free / Seed Time</b>	<b>Event 3 Girls 12 &amp; Under 500 Free / Seed Time</b>	<b>Event 4 Boys 12 &amp; Under 500 Free / Seed Time</b>	<b>Event 5 Girls 13 &amp; 14, Open 400 IM/ Seed Time</b>	<b>Event 6 Boys 13 &amp; 14, Open 400 IM/ Seed Time</b>	<b>Event 7 Combined Open 1000 Free/ Seed Time</b>

Club Name \_\_\_\_\_

\* Age as of first day of meet.

====> SEED CARDS ARE **NOT** NEEDED FOR THIS MEET <====

Club Initials \_\_\_\_\_ Total events, this page \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

**Please run copies of *this* form as needed**

