

SUMMARY SHEET
The Cape Cod Swim Club
Age Group and Senior Team Specialty Meet
Nov. 1-3, 2002

Name of Team: _____ Code Letters: _____

Team Mailing Address: _____

Coach: _____ Phone: _____

Contact Person: _____ Phone: _____

Number of Entries:

Computer Entries (add \$0.50 per splash for paper entries):

Girls _____ x \$3.50 = _____

Boys _____ x \$3.50 = _____

TOTAL _____

Entry Deadline: October 18, 2002

Please make checks payable to: **Friends of the CCSC**

Mailing Address: P.O. Box 966 (14 Ellen Lane), Pocasset, MA 02559-0966

Any swimmer whose entry is accepted, will for himself, his heirs or executors and administrators, waive and release any and all rights and claims for damages he/she may have against USA Swimming, New England Swimming, The Cape Cod Swim Club, The Massachusetts Maritime Academy, the Commonwealth of Massachusetts for any and all injuries suffered by him/her at said meet.

Signature: Authorized Team Official

Names and phone numbers of Certified Officials from your club:

