

**PIONEER VALLEY AQUATIC CLUB
TEAM SPECIALTY MEET
December 13th – 15th . – Springfield College, Springfield Ma**

Name of Team _____ Abbreviation: _____

Team Address: _____ Phone: _____

Coach: _____ Phone: _____

Contact Person: _____ Phone: _____

E-mail Address (REQUIRED) _____

No. of Entries: Female: _____ X \$3.50 = _____

 Male: _____ X \$3.50 = _____

 Relays _____ X \$10.00 = _____

Entry Deadline: December 06th. 2002

Make check payable to: PVAC

Mail entry and check to: J.P. Galli. 27 Lyman Street. Apt 104 D, Springfield MA 01103

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 United States Swimming, New England Swimming Inc, Pioneer Valley Aquatic Club and Springfield College for any and all injuries suffered by him/her at said meet.

Authorized Club Signature: _____

Name: _____

Title: _____

Please list Officials who maybe interested in volunteering to help

Name: _____ Phone number: _____

Name: _____ Phone number: _____