

New England Long Course Open Championships

Smith Swim Center, Brown University, Providence, Rhode Island

July 29-August 1, 2004

TEAM NAME: _____ ABBR.: _____

COACH: _____ PHONE: _____

Name and address of the person to receive all communication including meet results, timing assignments, warm-up changes and questions about entries:

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____ FAX: _____

Day: _____ Evening: _____ Email: _____

ENTRY FEES

_____ Individual Events @ \$5.00 (electronic) or \$5.50 (hand) \$ _____

_____ Relay events @ \$10.00 (electronic) or \$10.50 (hand) \$ _____

Make check payable to: **OCEAN STATE SQUIDS** Total \$ _____

NEW ENGLAND SWIMMING TRAVEL FUND SURCHARGE

_____ Individual swimmers * @ \$1.00 each \$ _____
(include relay-only swimmers)

Make check payable to: **New England Swimming**

* For any swimmer to compete, or be listed as a relay member, the swimmer's name must appear on the club's entry.

MAIL ENTRIES & CHECKS TO:

Tom Langelier 100 Paine St. Bellingham, MA 02019 (508) 883-0082

ENTRY DEADLINE: Entries via email must be received by **TUESDAY, July 20, 2004 at 5:00 PM.**
Hard copies of emailed entries must be received by Monday July 26, 2004.

VOLUNTEER OFFICIALS: Please list Officials and contact information:

LIABILITY RELEASE

Any swimmer whose entry is accepted will, for him/herself, his/her heirs, executors, and administrations, waive and release any and all rights and claims for damages he/she may have against United States Swimming, New England Swimming, Mass Bay Marlins, The Bay and Ocean State Squids, and Brown University for any and all injuries suffered by him/her at said meet.

____/____/04
Date

Signature of Authorized Team Official