

Cape Cod Swim Club Team Specialty Meet

Massachusetts Maritime Academy, Buzzards Bay MA
February 6-8, 2004
Sanctioned by NE Swimming #NE-04-13

TEAM NAME: _____ ABBR.: _____
COACH: _____ PHONE: _____

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Details of the contact person for all communications regarding all aspects of this Meet

Name: _____
Address: _____
City/Town: _____ State: _____ Zip: _____
Phone Day: _____ Phone Evening: _____
FAX: _____
Email: _____

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ENTRY FEES:	_____	Individual Events	@ \$3.50	=	\$ _____
	_____	Hand Entries	@ \$4.00	=	\$ _____
				TOTAL =	\$ _____

Make check payable to: Friends of the CCSC

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MAIL ENTRIES & CHECKS TO: Friends of the CCSC
C/O Ruth Curry
3 Wright St.
Falmouth, MA 02540

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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, Cape Cod Swim Club, Friends of the Cape Cod Swim Club and Massachusetts Maritime Academy for any and all injuries suffered by him/her at said meet.

_____/_____/2004
Signature of Authorized Team Official Date

Name of Authorized Team Official

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Names and phone numbers of Certified Officials from your club:

