

OFFICIAL ENTRY FORM
New England Regional Championships
Pioneer Valley Aquatic Club, Springfield, MA
February 13 – 15, 2004

Team Name: _____ Abbreviation: _____
Coach: _____ Daytime phone _____
(coach on deck at meet) Evening phone _____

Name and Address of the person to receive **ALL** communication including entry questions, timing assignments and meet results:

Name _____
Address _____
City/Town _____ State _____ Zip _____
Daytime Phone _____ Evening Phone _____
E-mail _____

ENTRY FEES

_____	Individual Entries @ \$3.50 per event *	=	_____
_____	Relay Entries (@ \$10.00 per relay	=	_____
	Total payable to PVAC		_____
_____	Individuals in Meet at @\$1.00 each	=	_____
	Total payable to New England Swimming		_____

* Individual entry fees increase 50¢ to \$4.00 if not submitted on disk or via email as part of a .sd3 or .cl2 electronic file.

OVERNIGHT MAIL or EMAIL TO:

PVAC
C/o JP Galli
24 Taylor Street Apt 103C
Springfield MA 01103
(413) 531-8813
jpgalli@pvacswim.com

ENTRIES ARE DUE MONDAY FEBRUARY 2, 2004

If sending entries via email, the check and paper copy must arrive within 4 days of the email entry.

Any swimmer whose entry is accepted will, for himself, his heirs, executors, and administrators, waive and release any and all rights for damages he may have against United States Swimming, New England Swimming, Pioneer Valley Aquatic Club, and Springfield College and any volunteer or any employee of the above, for any and all injuries or losses suffered by him at said meet.

Signature of Team Official: _____ Date: _____