

**OFFICIAL ENTRY FORM**  
**New England Regional Championships**  
**Seekonk High School, Seekonk, 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 \_\_\_\_\_

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**ENTRY FEES**

_____	Individual Entries @ \$3.50 per event *	=	_____
_____	Relay Entries (@ \$10.00 per relay	=	_____
	<b>Total payable to Seekonk Aquatics, Inc.</b>		_____
_____	Individuals in Meet at @\$1.00 each	=	_____
	<b>Total payable to New England Swimming</b>		_____

\* 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:**

Ray Grant  
80 Davis Street  
Seekonk, MA 02771  
(508) 336-9982  
ray@seekonkswimming.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.

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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, Seekonk Aquatics, Inc., Seekonk Swimming and Town of Seekonk 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: \_\_\_\_\_