New England Short Course Open Championships Blodgett Swimming Center, Harvard University March 4-7, 2004

TEAM NAME:			ABBR.: PHONE:	
Name:				
Address:				
City/Town:	State: Zip	o:	FAX:	
Day:	Evening: E	mail:		
	ENTRY FF	EES		
	Individual Events @ \$5.00 (electronic) or \$5	.50 (hand)	\$	
Relay events @ \$10.00 (electronic) or \$10.50 (hand)		\$		
TOTAL		\$		
Make checl	k payable to: MASS BAY MARLINS			
	NE SWIMMING TRAVEL I	FUND SU	RCHARGE	
	Individual swimmers * @ \$1.00 each (include relay-only swimmers) Make check payable		England Swimming	
* For any so	wimmer to compete, or be listed as a relay mer	nber, the s	swimmer's name must appear on the	
	NTRIES & CHECKS TO DAN WARN (8) 283-4456	ER: 19	Fenley Rd. Gloucester, MA	
ENTRY DI	EADLINE: Entries must be received by TUES	DAY, Fel	oruary 24, 2004 at 5:00 PM.	
VOLUNTE	EER OFFICIALS: Please list Officials and cont	act inform	nation:	
	LIABILITY RE	ELEASE		
waive and i Swimming,	ner whose entry is accepted will, for him/herse release any and all rights and claims for damag, New England Swimming, Mass Bay Marlins, for any and all injuries suffered by him/her at s	es he/she i The Bay a	may have against United States	
	04			
Date		Signa	ture of Authorized Team Official	