



**JANE ORR CRONIN MEMORIAL MEETS**  
**Team Distance Meet**  
**October 12, 2003**  
**Sanctioned by New England Swimming**



<http://www.cudaswimming.com/>

====> *This form must accompany manual entries* <====

Club Name \_\_\_\_\_ Abbreviation [ ] [ ] [ ] [ ] [ ] [ ]  
 Club Address \_\_\_\_\_ City \_\_\_\_\_ State [ ] [ ] Zipcode [ ] [ ] [ ] [ ] [ ] [ ]  
 Head Coach \_\_\_\_\_ Phone # [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  
 Club Phone # [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] E-Mail \_\_\_\_\_ FAX # [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Any swimmer whose entry is accepted will, for himself, his heirs, executors and administrators, waive and release any and all rights and claims he may have against the Charles C. White Pool, Haverhill High School, the City of Haverhill, the New England Barracudas Swim Team and New England Swimming for any and all injuries suffered by himself at this meet.

Contact Person I (please print neatly) \_\_\_\_\_  
 Phone Number (Days) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] (Evenings) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Contact Person II (please print neatly) \_\_\_\_\_  
 Phone Number (Days) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] (Evenings) [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]

Entries should be sent Certified mail, return receipt requested signature waived to: JOCMM 2003, c/o 119 Andover St., Andover, MA 01810. Make checks payable to **Haverhill Barracudas**.

	Amount Enclosed			
Number of Events	1000	_____	X \$3.50 =	_____
Number of Events**	Girls	_____	X \$3.50 =	_____
Number of Events**	Boys	_____	X \$3.50 =	_____
Number of Events	Total	_____	Total	_____

\*\* Not including the 1000

Signature of Club Official \_\_\_\_\_ Position \_\_\_\_\_

Names of individuals willing to time/ officiate:


(Do not write below this line)  
 Page 1 of \_\_\_\_\_

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Postmark Date \_\_\_\_\_ Received \_\_\_\_\_ Check # \_\_\_\_\_