

**SUMMARY SHEET**  
**The Cape Cod Swim Club**  
**Age Group and Senior Team Specialty Meet**

Name of Team: \_\_\_\_\_ Code Letters: \_\_\_\_\_

Team Mailing Address: \_\_\_\_\_

Coach: \_\_\_\_\_ Phone: \_\_\_\_\_

Contact Person: \_\_\_\_\_ : \_\_\_\_\_

*Computer Entries (add \$0.50 per splash for paper entries):*

**Girls**                      \_\_\_\_\_ x \$3.50 = \_\_\_\_\_

**Boys**                      \_\_\_\_\_ x \$3.50 = \_\_\_\_\_

**Number of Entries:**      \_\_\_\_\_ **TOTAL \$** \_\_\_\_\_

Please make checks payable to: **Friends of the CCSC**  
Mailing Address: C/- PO Box 623, Buzzards Bay MA 02532

*Any swimmer whose entry is accepted, will for himself, his heirs or executors and administrators, waive and release any and all rights and claims for damages he/she may have against USA Swimming, New England Swimming, The Cape Cod Swim Club, The Massachusetts Maritime Academy, the Commonwealth of Massachusetts for any and all injuries suffered by him/her at said meet.*

\_\_\_\_\_  
Signature of Authorized Team Official

\_\_\_\_\_  
Name of Authorized Team Official

Names and phone numbers of Certified Officials from your club:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_