

Fall Specialty Meet
Providence Aquatic Club
Annual Specialty Swim Meet
November 7, 8 & 9, 2003

Name of Team _____ Abbreviation _____

Team Address _____ Phone _____

Coach _____ Phone(day time) _____ (night time) _____

Contact Person _____ Phone(day time) _____
(night time) _____

2nd Contact Person _____ Phone(day time) _____
(night time) _____

NUMBER OF ENTRIES:

Female _____ X \$ 3.50= _____

Male _____ X \$ 3.50= _____

TOTAL = _____

* For hand written entries ADD .50 to above prices!

Entry deadline: Friday, October 24, 2003

Make check payable to:

Providence Aquatic Club

Mail check and ALL entries to:

Roger D. Mooney
113 Lindy Avenue
Riverside, RI. 02915

Any swimmer, whose entry is accepted, will for himself/herself, his/her heirs or executors and administrators waive and release any and all rights and claims for damages he/she may have against United States Swimming, New England Swimming, Providence Aquatic Club, East Providence High School, the City of East Providence or any of their officers for any and all injuries suffered by him/her at said meet.

Authorized Club Officials Signature

Name _____

Title _____

