

**Seekonk Swimming
Team Specialty Meet**

Seekonk High School Pool, Seekonk, MA
November 21-23, 2003
Sanctioned by NE Swimming #NE-03-68

CONTACT INFORMATION

Team Name: _____ Abbreviation: _____
Deck Coach: _____ Phone: _____ Email: _____
Entries Contact: _____ Phone: _____ Email: _____

ENTRY FEES

_____ Individual Electronic Entries @ \$3.50 = \$ _____
_____ Individual Non-Electronic Entries @ \$4.00 = \$ _____

Total: \$ _____

Make check payable to: **Seekonk Aquatics, Inc.**

Mail entries and check to:
Seekonk Aquatics, Inc.
c/o Ray Grant, Entry Chairperson
80 Davis Street
Seekonk, MA 02771
508-336-9982

Entry Deadline: November 14, 2003
*For e-mailed entries, this form and payment
must be received within four business days
of your entry e-mail.*

LIABILITY RELEASE

Any swimmer whose entry is accepted will, for him/herself, his/her heirs, executors and administrations, waive and release any and all rights and claims for damages he/she may have against United States Swimming, New England Swimming, Seekonk Aquatics, Inc. and Seekonk High School for any and all injuries suffered by him/her at said meet.

Signature of Authorized Team Official

Date