

**NEW ENGLAND SWIMMING REGIONAL MEET**  
**Hosted by Seekonk Swimming**  
**Seekonk High School, Seekonk, MA**  
**February 11-13, 2005**  
**Sanctioned by New England Swimming # NE-05-**

**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	=	\$ _____
_____ Relay Electronic Entries	@ \$10.00	=	\$ _____
_____ Relay Non-Electronic Entries	@ \$10.50	=	\$ _____
			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: Tuesday February 1, 2005  
*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., Seekonk Swimming and the Town of Seekonk for any and all injuries suffered by him/her at said meet. **In submitting this entry the undersigned team certifies that all athletes in the entry are registered with USA Swimming and understands that the team may be fined \$100 for each swimmer in the entry that is not registered with USA Swimming.**

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

\_\_\_\_\_  
Date