

**Shawmut Aquatic Club
Candy Cane Classic**

**Joseph P. Keefe Technical High School, Framingham MA
December 3-5, 2004**

Sanctioned by NE Swimming #NE-04-65 NE-04-65 TT

TEAM NAME: _____ ABBR.: _____

COACH: _____ PHONE: _____

Name and address of the person to receive all communication including meet results, timing assignments, warm-up changes and questions about entries:

Name: _____

Address: _____

City/Town: _____ State: _____ Zip: _____ FAX: _____

Day: _____ Evening: _____

email: _____

=====

ENTRY FEES

_____ Individual Electronic Events @ \$3.50 each \$ _____

_____ Individual Non-Electronic Events @ \$4.00 each \$ _____

TOTAL \$ _____

Make check payable to: **Shawmut Aquatic Club**

=====

MAIL ENTRIES & CHECKS TO: SHAWMUT AQUATIC CLUB
C/O Cheryl Reuter
36 Jodie Road
Framingham, MA 01702
Phone: (508) 879-9637

ENTRY DEADLINE: Entries must be received by **November 23 at 5:00 PM**. For e-mailed entries, this form and payment must be received within four business days of our 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, Shawmut Aquatic Club, and Joseph P. Keefe Technical High School 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.***

____ / ____ /04

Date

Signature of Authorized team Official