

Attleboro Bluefish 2005 Fall Festival

October 28-30, 2005

Team Entry Form

Name of Team: _____ Abbreviation: _____

Team Address: _____

Email Address for the Team's Primary Contact: _____

Head Coach: _____ Phone: _____

Coach's Email Address: _____

Contact Person: Phone: _____

Entry Contact Person's Email Address: _____

Age Group	Gender	Nbr of Swimmers	Nbr of Entries	Fee*	Entry Fee Amount*
10 & Under	Girls			x \$3.50/\$4.00*	
10 & Under	Boys			x \$3.50/\$4.00*	
10 & Under	RELAYS			x \$14.00/\$14.50	
11 & 12	Girls			x \$3.50/\$4.00*	
11 & 12	Boys			x \$3.50/\$4.00*	
11 & 12	400 IM			x \$5.00/\$5.50*	
11 & 12	RELAYS			x \$14.00/\$14.50	
Open Sunday	Girls			x \$3.50/\$4.00*	
Open Sunday	Boys			x \$3.50/\$4.00*	
Open	500 FR			x \$5.00/\$5.50*	
Open Saturday	Girls			x \$5.00/\$5.50*	
Open Saturday	Boys			x \$5.00/\$5.50*	
Open Sunday	RELAYS			x \$14.00/\$14.50	
Open Saturday	RELAYS			x \$20.00/\$20.50	
	Participation Fee			x \$2.50	
Total					

- Add 50 cents per entry if NOT submitting entry using a SD3 data file
- Entry Period: Thursday, September 22, 2005 to Tuesday, October 18, 2005.
- Please make checks payable to the **C&C Swimming, Inc.** and mail entries to:
- Attleboro Bluefish; C/o Paul Mangili; 49 Siesta Drive; North Attleboro, MA 02760

- *By your signature below you acknowledge on behalf of your team and its swimmers that 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, **the Attleboro Bluefish Swim Club**, Attleboro High School, the Town of Attleboro or any of their officers for any and all injuries suffered by him/her at said meet. *All swimmers must be registered before the entry is submitted. Teams that enter unregistered swimmers will be subject to a fine of \$100 per unregistered swimmer.*

Authorized Club Signature: _____

Name: _____

Title: _____