CVAL Championship Closed Short Course Meet
CONSOLIDATED ENTRY CARD

Meet Loation:	Morgan Hill Aquatic Center			
Meet Dates:	Aug. 6-8, 2010			
Name: LAST		FIRST		INITIAL
Smith		Jane		A.
Club Abbr.	Unattached	Club Complete Name		
GGST		Gilroy Gators		
Age at meet	Date of Birth (DOB):		Total Amount Paid	
10	MM/DD/YY	11/2/2000	From Below	**$10.50**
14 Digit USS Reg Number	MMDDYYFIRMLAST			
Sex: M or F	F	Age Group	10&Un	
Event #	Distance & Stroke		Entry Time	
1	200 Free		3:00.00	
9	100 I.M.		NT	
Events	2	X cost/entry	**$2.75**	**$5.50**
Meet Participation Fee per swimmer				**$5.00**
SWIMMERS ENTRY TOTAL				**$10.50**
Coach's Name:	Tom Clark			
Swimmer's Address:	123 Anystreet St.			
City, State Zip	Gilroy, CA 95020			
Swimmer's Phone:	408-123-4567			
Email:	youremail@yahoo.com			

SAMPLE ONLY

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Event #	Distance & Stroke		Entry Time	
Events		X cost/entry		
Meet Participation Fee per swimmer				
SWIMMERS ENTRY TOTAL				
Coach's Name:				
Swimmer's Address:				
City, State Zip				
Swimmer's Phone:				
Email:				

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SWIMMERS ENTRY TOTAL				
Coach's Name:				
Swimmer's Address:				
City, State Zip				
Swimmer's Phone:				
Email:				

Instructions: Cut to separate each entry card. Write one check for family total. Put cards and check in envelope.

Family Total $10.50

Note: Participants swimming for a High School team must put their club abbreviation in the unattached box if meet dates are during H.S. swimming season of their first meet and last meet dates.