

SOUTHERN CALIFORNIA SWIMMING/USA SWIMMING ENTRY CARD

SWIMMER'S NAME (Last Name, First Name, M.I.) _____ TEAM: _____

USA SWIMMING NUMBER: _____ ☐ Male ☐ Female

DOB (MM/DD/YY): _____ AGE: _____

MEET ENTERING: _____

EVT NO	FREE (Submitted Time)	EVT NO	BACK (Submitted Time)	EVT NO	BREAST (Submitted Time)	EVT NO	FLY (Submitted Time)	EVT NO	IND. MEDLEY (Submitted Time)
	25 : .		25 : .		25 : .		25 : .		100 : .
	50 : .		50 : .		50 : .		50 : .		200 : .
	100 : .		100 : .		100 : .		100 : .		400 : .
	200 : .		200 : .		200 : .		200 : .		
	400/500 : .	COACH: _____ PHONE: _____ PARENT/GUARDIAN: _____ PHONE: _____ PARENTS EMAIL: _____ # OF EVENTS: _____ X \$ _____ + SURCHARGE \$ _____ = TOTAL \$ _____							
	800/1000 : .								
	1500/1650 : .								

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	25 : .		25 : .		25 : .		25 : .		100 : .
	50 : .		50 : .		50 : .		50 : .		200 : .
	100 : .		100 : .		100 : .		100 : .		400 : .
	200 : .		200 : .		200 : .		200 : .		
	400/500 : .	COACH: _____ PHONE: _____ PARENT/GUARDIAN: _____ PHONE: _____ PARENTS EMAIL: _____ # OF EVENTS: _____ X \$ _____ + SURCHARGE \$ _____ = TOTAL \$ _____							
	800/1000 : .								
	1500/1650 : .								