NEW ENGLAND SENIORS

Blodgett Swimming Center, Harvard University March 6-9, 2003

TEAM NA	ME:		ABBR.:		
COACH:			_ PHONE:		
	address of the person to receive all com s and questions about entries:	munic	ation including m	eet results, timing assignments, wa	ı rm-
Name:					
Address:					
City/Town:	State:	_ Zip:	FAX:_		
Day:	Evening:email:				
		ENTRY	FEES		
	Individual Events @ \$5.00 or \$5.50 each hand entries)	n (for	\$		
	Relay events @ \$10.00 each		\$		
	ТОТ	AL	\$		
Make checl	k payable to: MASS BAY MARLINS				
	NE SWIMMING T	===== ΓRAVE	L FUND SURCH	ARGE	
	Individual swimmers * @ \$1.00 (include relay-only swimmers) Make check p		\$ to: New England S		
* For any s	wimmer to compete, or be listed as a relay	memb	er, the swimmer's	name must appear on the club's entr	y.
	TRIES & CHECKS TO: MASS BAY M A 1) 444-2014	RLIN	S ,C/O Carol Heal	ey, 47 May St, Needham, MA 024	192
·	EADLINE: Entries must be received by T	UESD4	AV. February 25.	2003 at 5:00 PM.	
	EER OFFICIALS: Please list Officials and			7000 at 3.00 1 M1.	
	EER OFFICIALS. Hease list Officials and	Comac			
	LIAB	BILITY	RELEASE		
release any	ner whose entry is accepted will, for him/h and all rights and claims for damages he/s Mass Bay Marlins, Bay & Ocean State Social meet.	she may	have against Unit	ed States Swimming, New England	
	703				
Date		Signatu	re of Authorized te	am Official	