

North Shore Swim Club
New England Swimming Regional Meet
O'Keefe Athletic Center, Salem State College, Salem MA
February 6-8, 2009
Sanctioned by NE Swimming #NE-09-33 & NE-09-33TT

CONTACT INFORMATION

Team Name: _____ Abbreviation: _____

Deck Coach: _____ Phone: _____ Email: _____

Entries Contact: _____ Phone: _____ Email: _____

ENTRY FEES

____ Individual Entries @ \$4.00 = \$ _____

____ Distance (400 & longer) Entries @ \$5.00 = \$ _____

____ Relay Entries @ \$16.00 = \$ _____

____ NE Swimming Travel Fund @ \$2.00 = \$ _____

____ Swimmer Participation Fee @ \$5.00 = \$ _____

Total: \$ _____

Make check payable to: North Shore Swim Club

Mail entries and check to:
North Shore Swim Club
c/o Dan Warner, Entry Chairperson
19 Fenley Road
Gloucester, MA 01930
978-852-3985

Entry Deadline: January 27, 2009
*For e-mailed entries, this form and payment
must be received within four business days
of your 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, North Shore Swim Club and Salem State College 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 will be fined \$100 for each swimmer in the entry that is not registered with USA Swimming at the time of entry.**

Signature of Authorized Team Official

Date