

SWIM MEET SIGN-UP FORM

Meet Name _____
 Meet Date _____
 Swimmer's Name _____
 Swimmers USS# _____

EVENT NUMBER	EVENT DESCRIPTION	SEED TIME

A Total number of individual events _____
 B Cost per event _____ \$
 C Events Cost A x B _____ \$
 D Splash Fee for this swimmer _____ \$
 E Facility Fee (certain meets) _____ \$
TOTAL COST _____ \$

Credit Card Payments:

Name: _____
 Credit Card Type: _____ Number _____
 Authorization Code: _____ Expiration Date: _____

*****put entry and payment in the KELLERMANN folder at the pool*****

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