SACRAMENTO VALLEY
MEET of CHAMPIONS
July 31st-August 1st, 2010

SAMMS Consolidated Entry Card

NAME: LAST FIRST INTL

_____ _____ _____

League Name	CLUB FULL NAME:
DATE OF BIRTH	AGE (Swimmer will be competing as)
Gender Boy Girl	AGE GROUP (Swimmer will Compete in)

EVENT #	DISTANCE/STROKE	ENTRY TIME
		: .
		: .
		: .
		: .
		: .
		: .
		: .
		: .
		: .
		: .
		: .
		: .
		: .
		: .

# of Entries x $3.00 per event = _____

Participation Fee = $10.00

Total = _____

COACH:

SWIMMERS ADDRESS:

PHONE # ( )