

**Team Rebel Aquatics LC Opener 2014
Buchanan Natatorium at UNLV, Las Vegas, NV
April 4, 5, 6, 2014**

Go to bchswim.com or socalswim.org for meet entry form

**Entries due on card below (with payment) to your coach by workout
no later than Monday, March 24, 2014.**

You may email Coach Mike Polk no later than 10:00pm, March 24 with your entry and then pay your coach or Coach Mike directly: mspbch@aol.com

Meet entries will be posted late Tuesday, March 25 at bchswim.com

If you see discrepancies, please email Coach Mike before noon on Wednesday, March 26.

\$3.25 per entered event, plus \$7.00 surcharge.
Checks payable to: BCH Swim Team

**If you sign up for the meet, it is your responsibility to have a parent, guardian, or friend to
time at the meet.**

When you bring your swimmer to the meet, find the BCH timing sheet and sign up to time. Because we are a large team, we will have many timing chairs to fill each session. If you have a swimmer in each session, you are expected to time each session.

-----cut here-----

parent name _____

phone _____

email address _____

SOUTHERN CALIFORNIA SWIMMING/USA SWIMMING ENTRY CARD

| | | | | | | | | | | | | | | |
|-----------|-----------------------|------------------|-----------------------|-------------------|-------------------------|--|----------------------|---------|--|---------------|----------------|---------------------------------|-----------------|----|
| SWIMMER'S | | NAME | | LAST NAME | | FIRST NAME | | M.I. | | AGE | | <input type="checkbox"/> MALE | | |
| | | | | | | | | | | | | <input type="checkbox"/> FEMALE | | |
| 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 : . | | | NO. OF EVENTS | X | \$ | | |
| | 400/500 : . | USAS NUMBER: | | Birthday mm/dd/yy | | 1 st 3 letters 1 st name | | MI | 1 st 4 letters of last name | | PLUS SURCHARGE | | \$ | |
| | 800/1000 : . | MEET ENTERING: | | | | | | | | | | | PAY THIS AMOUNT | \$ |
| | 1500/1650 : . | TEAM: | | | | | | | | | | | | |
| | | COACH: | | | | | | PHONE | | | | | | |
| | | PARENT/GUARDIAN: | | | | | | PHONE | | | | | | |
| | | PARENTS EMAIL: | | | | | | | | | | | | |

PLEASE DO NOT FOLD

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