

# RAVENA SWIM CLUB

## MEET ENTRY FORM

Swimmer Name \_\_\_\_\_  
 Meet Name \_\_\_\_\_ Meet Date \_\_\_\_\_  
 Swimmer Age (as of first day of meet) \_\_\_\_\_ Sex \_\_\_\_\_

EVENT #	SEED TIME	DISTANCE (Circle One)	STROKE (Circle One)	FEE
		25 50 100 200 500 Other _____ Yards or Meters	FREE I.M. BACK BREAST FLY	
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**MEET SURCHARGE** \_\_\_\_\_

**MEET FEE TOTAL** \_\_\_\_\_

(Make checks out to: Ravena Swim Club, Inc.)