



# southern california aquatics association swim meet entry form

Swimmer's Name (Last, First Middle Initial): \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female: \_\_\_\_\_

Name of Meet: \_\_\_\_\_ Date of Meet: \_\_\_\_\_

Event #	Distance	Stroke (fly, back, breast, free or IM)

Total # of events		
Fee per event	X	\$2.75
SUBTOTAL event fees	=	
SCAQ Charge	+	\$5.00
Other fees	+	
MEET ENTRY TOTAL	=	

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Make your check payable to Southern California Aquatics Association. Please return this entry form with your payment.

**ENTRIES RECEIVED AFTER THE TEAM ENTRY DEADLINE WILL NOT BE ACCEPTED.**