SOUTHERN CALIFORNIA SWIMMING/USA SWIMMING 'PROOF OF TIME' ENTRY CARD

SWIMMER'S NAME _____ AGE _____ ☐ MALE ☐ FEMALE

LAST NAME FIRST NAME M.I.

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	0 X 0.00 $ 0.00
	400/500 : .							PLUS SURCHARGE	$ 0.00
	800/1000 : .							PAY THIS AMOUNT	$ 0.00
	1500/1650 : .								

USAS NUMBER: (Birthday mm/dd/yy | 1st 3 letters 1st name | MI | 1st 4 letters of last name)

MEET ENTERING: _____

TEAM: _____

COACH: _____ PHONE _____

PARENT/GUARDIAN: _____ PHONE _____

PARENTS EMAIL: _____

PLEASE DO NOT FOLD

OVER

PLEASE DO NOT FOLD

OVER

PROOF OF TIME BOX

FILL IN THE FOLLOWING BOX ACCURATELY **BIRTHDATE OF SWIMMER** (Mo.) (Day) (Year) (Age)

Distance	Stroke	Time	Where (Name. Place of Meet)	Month	Day	Year

_____ _____

(NAME -PLEASE PRINT) *(SIGNATURE OF COMPETITOR, PARENT OR GARDIAN*

NOTE: THERE IS AN AUTOMATIC $10.00 SEARCH FEE FOR MISSING OR INCORRECT INFORMATION.

SUBSTANTIAL FINES MAY BE IMPOSED FOR FALSE TIMES.