2015 ILLINI YMCA DISTRICT CHAMPIONSHIP Host: Springfield YMCA Swim Team March 7-8, 2015

Entry Summary

Association Name	:				
Team Entry Conta	ct:				
Entry Contact Em	ail:				
Entry Contact Pho	one (preferred number):		Best time to reach:		
Mailing Address: ₋					
Names of Coaches	s in attendance:				
List all Y	MCA swim officials from y	our team who wil	l work this meet, inclu	<mark>ide email address</mark>	
Saturday: Girls Pro	elims, AM	Saturday: F	Saturday: Boys Prelims, PM		
Name	Email Address	Name	Email Addre	255	
Entry Summary					
Number of individ	ual entries: x \$3.00	= \$			
Number of relay e	entries: x \$8.00	= \$			
	Total Due	= \$ Ma	<mark>ke checks payable to: S</mark> į	oringfield YMCA	
<mark>Mail to</mark> : Illini Distr	rict Meet Fees, Springfield Yl	MCA, 701 S 4 th Stre	eet, Springfield, IL 6270	3	
<mark>Signature</mark> (Coach,	Club Representative, or Par	ent):	Date:		

Entries Close Wednesday, February 25

Final Deadline for all changes, corrections, late additions, is Monday, March 2
Payment, Entry Summary and Declaration Form must be received before swimmers splash