IOWA SWIMMING FINANCIAL SHEET

MEET NAME: _____ DATE: _____

TEAM NAME: _____ CODE: _____

COACHES ATTENDING MEET: _____

_____

ENTRY CONTACT: _____

PHONE: (_ _ _) _ _ _ - _ _ _ _ EMAIL: _____

ENTRY FEES	NUMBER	FEE	TOTAL $
INDIVIDUAL ENTRIES			
RELAY ENTRIES			
# SWIMMERS (IASI Surcharge/Splash Fee)			
OUTREACH ATHLETES			
FACILITY FEE			
LATE ENTRY FEE			
OTHER			
	TOTAL ENTRY FEES:		
	MAKE CHECK PAYABLE TO:		

TO WHOM DO FINAL RESULTS GO, IF REQUESTING A HARD COPY?

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