ADD EVENT

Team Name:_____   Coach:_____

AGE: (circle one)   8 & U 10 & U   11-12 13-14 15-16   17-18

Sex: (circle one)   male   female

STROKE: (circle one)   Breast Short Free I.M. Fly   Back   Long Free

                         Free Relay   Medley Relay

Event # - Swimmer's name   Qual. Time Reason   Approved

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