

**Tri-State Swim Conference Deck Entry/Scratch form**  
**(to be filled out entirely by the coach)**

Deck Entry    Scratch                      Male    Female                      Admin Initial \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Team \_\_\_\_\_ Date of Birth \_\_\_\_\_

Entry limits: **Two day Meets:** 4 ind. events/1 relay    **One day Meet:** 4 ind. events/2 relays

Event # \_\_\_\_\_ Heat \_\_\_\_ Lane \_\_\_\_\_                      Event # \_\_\_\_\_ Heat \_\_\_\_ Lane \_\_\_\_\_

Event # \_\_\_\_\_ Heat \_\_\_\_ Lane \_\_\_\_\_                      Event # \_\_\_\_\_ Heat \_\_\_\_ Lane \_\_\_\_\_

Fee: # of Individual Events \_\_\_\_\_ @ \$6.00 each = \_\_\_\_\_

Facility Fee: \_\_\_\_\_

Paid by:

Total Amount Due \_\_\_\_\_

Cash                      Check  
Other \_\_\_\_\_

Coach's Name: \_\_\_\_\_

Team: \_\_\_\_\_

Received by: \_\_\_\_\_ Entered in Meet Manager by: \_\_\_\_\_