

2024 DSMY MAY LCM INVITE May 10-12

**IASI OFFICIAL ENTRY FORM**

**AGE GROUP** \_\_\_\_\_

**SEX** \_\_\_\_\_

(USE SEPARATE SHEET FOR EACH AGE GROUP & SEX)

<b>CLUB NAME:</b>
<b>CLUB CODE:</b>
<b>Contact:</b>
Address:
Email:
Phone (h):
Phone (w):

RELAY ENTRIES (*Teams should be designated A, B, C, etc.)						
EV #	TEAM*					SEED TIME

SWIMMER'S FULL NAME	AGE/ DOB	ID #	INDIVIDUAL ENTRIES										TOTAL ENTRIES			

**SUMMARY THIS PAGE -**

<b>SPLASH FEE</b>	+	<b>RELAY ENTRIES</b>	+	<b>INDIVIDUAL ENTRIES</b>	=	<b>TOTAL ENTRIES</b>
Swimmers @ \$ 17.00 = \$		@ \$ 16.00 = \$		@ \$ 8.00 = \$		TOTAL \$

\$6.00 Splash  
 \$6.00 Program  
 \$5.00 Hand Entry

Checks payable to: Greater Des Moines YMCA