2020 DSMY SKYWALK OPEN

ISI OFFICIAL ENTRY FORM

AGE GROUP _____ **SEX** _____

(USE SEPARATE SHEET FOR EACH AGE GROUP & SEX)

CLUB NAME:	
CLUB CODE:	
Contact:	
Address:	
Email:	
Phone (h):	
Phone (w):	

RELAY ENTRIES (*Teams should be designated A, B, C, etc.)

EV #	TEAM*					SEED TIME

INDIVIDUAL ENTRIES

SWIMMER'S FULL NAME	AGE	ID #														TOTAL ENTRIES

SUMMARY THIS PAGE -

SPLASH FEE	+	**RELAY ENTRIES**	+	**INDIVIDUAL ENTRIES**	=	**TOTAL ENTRIES**
____ Swimmers @ $ 15.00 = $_____		____ @ $ 16.00 = $_____		____ @ $ 8.00 = $_____		TOTAL $_____

$5.00 Splash
$5.00 Program
$5.00 Hand Entry

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