

FINANCIAL SHEET

MEET NAME: 2024 DSMY LAST CHANCE QUALIFIER DATE: Feb 4, 2024

TEAM NAME: _____ CODE: _____

COACHES ATTENDING MEET: _____

ENTRY CONTACT: _____

PHONE: (___) ___ - ___ EMAIL: _____

ENTRY FEES	NUMBER	FEE	TOTAL \$
INDIVIDUAL ENTRIES		\$ 8.00	
RELAY ENTRIES		\$ -	
# SWIMMERS (non-outreach) (\$6 Splash Fee + \$4 Program Fee)		\$ 10.00	
# OUTREACH ATHLETES		\$5.00	
# OUTREACH ENTRIES		(\$8.00)	
# SWIMMERS (Manual Entry Fee)		\$5.00	
	TOTAL ENTRY FEES		
Checks payable to: Greater Des Moines YMCA			

Mail to: **Wellmark YMCA**
Attn: John Van Meter
501 Grand Ave
Des Moines, IA 50309

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