

The Santa Clara Swim Club Disability Swim Meet

October 1<sup>st</sup>- 3<sup>rd</sup>

Santa Clara, California

## ENTRY FORM

(please make sure that all info. is filled out completely)

### USA and Canada Teams

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

Abbreviation: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

Country: \_\_\_\_\_

Postal Code \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Head Coach: \_\_\_\_\_ Phone : \_\_\_\_\_

### Non USA/Canada –Foreign Teams

Team Manager \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Federation Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

