2004 Esynchro Age Group Synchronized Swimming Championships

FORM A: Club Entry Form Version 2.1

Club _____ **Club Code** _____ **Meet Name** _____

Athlete Name	Registration Number	Birth Year	Figure Group	Solo		Duet		Trio		Team		Comments
				ID #	Group Name	ID #	Group Name	ID #	Group Name	ID #	Group Name	
Totals												

Team contact(s) _____ Name _____ Phone Days (____) _____ Evenings (____)_____ Email

Name _____ Phone Days (____) ____ Evenings (____) _____ Email _____

If a routine is seeded to Semifinals, indicate with an "S" (i. e. "2S alt" for the second entry, Seeded to Semifinals, as an alternate).
For questions or concerns, contact your zone scoring chairperson or Jackie McDaniel, National Scoring Chairperson, at (619) 464-7379.