

2004 U.S. COLLEGIATE SYNCHRONIZED SWIMMING CHAMPIONSHIPS

ANN ARBOR, MICHIGAN

Club Entry Form *Version 03a Instructions*

We no longer use Figure or Routine sheets at National meets. We will, instead, use the Club Entry Form as the meet entry.

DIRECTIONS FOR USE

Fill in the **Club Name**, **Code** and **Meet Name** on ALL Club Entry Forms sent. At the bottom of the form, the Team Contact(s) only need to be filled in on the first of the Club Entry Forms.

The **Athlete Name** (first, then last) **MUST** be legible (this is how the swimmers will be entered into the computer/meet). The **Registration Number** and **Birth Year** are unchanged (self-explanatory).

The Figure Group means the age of the youngest routine the swimmer is competing in. Example:

a) If swimmer is 11 years old but swims in a 12-13 Team **ONLY**, the swimmer should do 12-13 Figures for any award placement. The swimmer will not place in the 11 and Under Figure results. Therefore, "12-13" is the age placed in the **Figure Group** column.

b) If a swimmer swims a 12-13 Routine and a 14-15 Routine, with **DIFFERENT** Figures, the swimmer **MUST** do Figures in 12-13 and also 14-15. The swimmer will be eligible for an award in 12-13 Figures and place as an Honorary in the 14-15 Figure results. Therefore, the swimmer would have "12-13" in the **Figure Group** column and *also* "14-15H". (You may also just place a "12" or "14H" in the column if not enough room.)

The **Routine** columns (Solo, Duet, Trio and Team) are divided into Number (#) and **Group Name**.

The **Solo** column **Number** (#) indicates entry in that set of routines ("1", "2", "3", etc.). This equals, at the bottom, the total number of Solos entered in that meet. The **Group Name** indicates the age of that Routine ("12-13" or "12", "14-15" or "14", etc.).

In the **Duet**, **Trio** and **Team** columns, the **Number** (#) indicates entry in that set of Routines. However, it differs from the Solos in that the swimmers, swimming with each other, **MUST** have corresponding numbers (including any alternate). If Susie Q is swimming with Emma Lou, and Gertrude is the alternate, then all 3 swimmers **MUST** have the same number, with Gertrude having alternate ("Alt.") indicated in the column by their names as well as the number ("1", "1", "1 Alt."). Again, the **Group Name**, or age group in this example, is the age of the oldest swimmer swimming the routine ("12-13" or "12", "14-15" or "14", etc.).

In the **Comments** section, enter any necessary information, such as where/when qualified & score (if not on pre-qualified list), swimmer **ONLY** entering for Trials (Figures only), etc.

If using this form where seeding of swimmers is involved, simply place an "S" in the Number (#) column after the number and also make a comment in the Comments section.

At the bottom of the page, please write in the **Total** number of Routines/Figure competitors so the person entering your club into the meet will have a quick double-check that all swimmers have been entered.

At Registration for the meet, you will need to check the Club Summary Form immediately for any discrepancies, so changes may be made **BEFORE** the meet begins.

Samples of the Club Entry Form have been forwarded to all clubs with the 2000 Pre-Meet information. This form and instructions are also available on-line in MS Word '97 PC format at www.usasynchro.org, click on "Synchro Resources", then "Forms". (Feel free to type onto the form, but please do not alter the layout of the form.)

Please look over this form and familiarize yourself with it. We hope that by eliminating Figure & Routine sheets, plus the previous Forms A & B from the Final Meet Announcement, that we will streamline the entry process and save a few trees along the way.

Any questions? Call your zone scoring chairperson or National Scoring Chairperson Jackie McDaniel at (619) 464-7379.

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FORM B: AFFIDAVIT OF ELIGIBILITY

Name of Institution: _____

Location: _____ Date Submitted: _____

Complete Information For All Participants	Social Security Number	Cumulative Grade Point Average	Year of Collegiate participation in this sport	Total Credit Hours Accumulated	Transfer Student Mo./Yr. Enrolled	Full-Time Student (Yes/No)	Participation in Majority of Season (Yes/No)	Academic Year _____
Student Athlete (Name in Full)								I hereby certify that the information listed herein is complete and correct according to the official records of this institution. In addition, I certify that each person named is a full-time student as defined by this institution, and is making normal progress in an established degree or certified program as defined by this institution.
								Name: _____ Director, Women's Intercollegiate Athletics, Club Recreation Department, Club Sports
								Signature: _____
								Phone: _____
								Name: _____ Registrar Director, or Director of Student Credentials
								Signature: _____
								Phone: _____
								Name: _____ Coach or Advisor
								Signature: _____
								Phone: _____
								I hereby certify that the Majority of Season information is complete and correct and that all student-athletes competing have met all eligibility requirements at the time they proceed to the first qualifying meet and/or national championships.
								Name: _____ Director, Women's Intercollegiate Athletics, Club Recreation Department, or Director for Club Sports
								Signature: _____

Registrar's Signature

Date

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FORM C: ENTRY FEE SUMMARY

Club/Official Name _____ Club Code _____

Phone _____

SOLOS

of solos _____ x \$15 = \$ _____

DUETS

of duets _____ x 2 = _____ x \$15 = \$ _____

TRIOS

of trios _____ x 3 = _____ x \$15 = \$ _____

TEAMS

of teams _____ x # of swimmers _____ x \$15 = \$ _____

ALTERNATES

Any swimmer who is listed as an alternate for a routine and who is not swimming any other routine event shall pay the entry fee.

of alternates only _____ x \$15 = \$ _____

TOTAL ENTRY FEE = \$ _____

Make check payable to USSS
(Federal Tax ID #31-0994560)

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FORM D: HOST FEE SUMMARY

Club/Official Name _____ Club Code _____

Phone _____

SPONSOR FEE

of Competitors entered (including alternates)
_____ (number) x \$25

Total Sponsor Fee = \$ _____

PROGRAM PHOTO SUBMISSION

of Photos _____ x \$30

Total Photos=\$ _____

PARKING PASSES

of Car/minivans Passes _____ x \$6 x # of Days _____

of Bus/full size vans Passes _____ x \$10 x # of Days _____

Total Parking Fees = \$ _____

SPECTATOR TICKETS

of Tickets _____ for Thursday x \$5

of Tickets _____ for Friday x \$5

of Tickets _____ for Saturday x \$10 (students and kids \$5)

of All-Event Passes _____ x \$25

Total Spectator Fees = \$ _____

SUMMARY

SPONSOR FEE \$ _____

PROGRAM PHOTOS \$ _____

PARKING PASSES \$ _____

SPECTATOR TICKETS \$ _____

TOTAL \$ _____

Make check payable to University of Michigan Synchro

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FORM E: HOUSING/TRANSPORTATION & PRACTICE AVAILABILITY

Club/Official Name _____ Club Code _____

Coach Name _____

Arriving:	Air	Auto	Other
Date _____			Time _____
Flight _____			Airline _____
Departure Date _____			Time _____
Hotel/Lodging _____			Phone _____
No. of Athletes _____			
No. of Coaches/Officials _____			

Please list three on-site emergency contacts for your club (they may be coaches, officials or parents).

1. _____
2. _____
3. _____

Preferred time of practice session on Wed. March 24: _____

Confirmation of practice time will be made by Email. Please include an Email address below so that we can inform you in advance of your practice time. Every effort will be made to contact you by March 7 of your practice time. If a coach does not have or use an Email address, please include the Email address of an athlete who is an Email user.

Email address to send practice time confirmation to: _____

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FORM F: OFFICIALS AVAILABILITY

Name _____ Phone (____) _____ - _____

Arriving _____ Time _____ Hotel/Lodging _____

Departing _____ Time _____

Check One: ___ Judge ___ Scoring ___ Deck Volunteer

 ___ Other (please specify) _____

Judges' Rating Level _____ Affiliations _____

PLEASE CHECK ALL EVENTS FOR WHICH YOU ARE UNAFFILIATED:

Judges: Your judging assignments will be made from this form. Unless otherwise noted on this form, you may be scheduled for any events for which you are unaffiliated.

Thurs., Mar 25		Fri., March 26		Sat., March 27	
<input type="checkbox"/>	Solo Semis	<input type="checkbox"/>	D Technical	<input type="checkbox"/>	Trio Final
<input type="checkbox"/>	Duet Semis	<input type="checkbox"/>	C Technical	<input type="checkbox"/>	Duet Final
<input type="checkbox"/>	Trio Semis	<input type="checkbox"/>	B Technical	<input type="checkbox"/>	Solo Final
<input type="checkbox"/>		<input type="checkbox"/>	A Technical	<input type="checkbox"/>	Team Final
<input type="checkbox"/>		<input type="checkbox"/>	Team Semis	<input type="checkbox"/>	

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FORM G: COLLEGIATE ATHLETE OF THE YEAR NOMINATION

Nominee's Name: _____

Institution: _____ Freshman__ Sophomore __ Junior __ Senior __

This award is presented to an athlete who is nominated for contributions to collegiate synchronized swimming and is based equally on athletics, academics and community service. Please highlight the contributions/accomplishments of this swimmer in the sections following:

Athletic Merit:

Academic Merit:

Community Service:

Nominator's Name/Institution: _____

Nomination forms need to be returned with meet entries. Copies will be in the coaches packets and given to the zone athlete representatives so that a vote can be taken at the meet.

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FORM I: ADDITIONAL ATHLETE INFORMATION

Name of Institution: _____

Location: _____ Date Submitted: _____

Complete Information For All Participants	Registration number	Grade in college: Freshman, Sophomore, Junior or Senior	US Citizen, Yes or No	Technical Category participating	Academic Year _____ Division: Circle one: Division I, Division II, Division III, NAIA, Club Name: _____ Coach or Advisor Signature: _____ Phone: _____
Student Athlete (Name in Full)					

Registrar's Signature

Date

**2004 U.S. COLLEGIATE SYNCHRONIZED SWIMMING CHAMPIONSHIPS
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FORM J: OUTSTANDING COLLEGIATE CONTRIBUTOR NOMINATION

Nominee's Name: _____

Institution or position held: _____

This award is presented to a individual or organization that has made a significant impact on the collegiate synchronized swimming program in the United States. Someone who has forwarded the cause of the collegiate program through committee work or through support of the concept of collegiate synchronized swimming.

Please list the ways that this individual or organization has impacted the collegiate program:

Please list committee work done or support shown for the concept of the collegiate program:

Nominator's Name/Institution: _____

Nomination forms need to be returned with meet entries. Copies will be in the coaches packets and given to the zone athlete representatives so that a vote can be taken at the meet.

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FORM K: MARY JO RUGGIERI SCHOLARSHIP NOMINATION

**The Mary Jo Ruggieri
Collegiate Synchronized Swimming
Scholarship Award**

Coaches: Please nominate one member from your team that shows outstanding achievements in the following categories: Swimming Ability, Team Contributions, and Community Leadership. The motivation to help "Synchro" grow at the college level is also a factor in choosing this nominee.

Name _____ Phone (____) _____ - _____

Address _____

City, State, Zip _____

Univeristy _____

University Address _____

City, State, Zip _____

Please list your achievements in the area of Swimming Ability _____

Please list your achievements in the area of Team Contributions _____

Please list your achievements in the area of Community Leadership _____

If more room is needed, please continue on the reverse side of this sheet.

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Mary Jo Ruggieri
Collegiate Synchronized Swimming
Scholarship Award Recipients

<i>Year</i>	<i>Name</i>	<i>University</i>
1988	Deborah Roter	U.C. Berkeley
1989	Elaine Gast	University of Michigan
1990	Jennifer Hanrahan	Penn State University
1991	Rebecca Lumpkin	Millersville
1992	Amy Santmyer	U.S. Air Force Academy
1993	Debra Downes	Stanford University
1994	Devin Kaufmann	Wheaton College
1995	Jill Evans	Canisius College
1996	Allison Dewine	University of Richmond
1997	Jill Parr	Michigan State University
1998	Caren Gellin	Canisius College
1999	Libby Bixby	Wheaton College
2000	Olivia Gonzalez	Walsh University
2001	Krissy Daniels	Mary Washington
2002	Lindsay Kaufmann	University of Iowa