

2005 U.S. COLLEGIATE SYNCHRONIZED SWIMMING CHAMPIONSHIPS

[REQUIRED FORM, deadline March 2]

FORM D: 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

Team 1 # of swimmers _____ x \$15 = \$ _____

Team 2 (if applicable) # 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)

2005 U.S. COLLEGIATE SYNCHRONIZED SWIMMING CHAMPIONSHIPS

[REQUIRED FORM, deadline March 2]

FORM E: 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 \$25

Total Photos=\$ _____

SPECTATOR TICKETS

of Tickets _____ for Thursday x \$5

of Tickets _____ for Friday x \$5

of Tickets _____ for Saturday x \$10

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

of All-Event Passes for students and kids _____ x \$15

of All-Event Passes _____ x \$20

Total Spectator Fees = \$ _____

SUMMARY

SPONSOR FEE \$ _____

PROGRAM PHOTOS \$ _____

PARKING PASSES \$ _____

SPECTATOR TICKETS \$ _____

TOTAL \$ _____

Make check payable to GSOC

(Federal Tax ID #59-2959383)

2005 U.S. COLLEGIATE SYNCHRONIZED SWIMMING CHAMPIONSHIPS

[REQUIRED FORM, deadline March 2]

FORM F: 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 23: _____

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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[Deadline March 2]

FORM G: OFFICIALS/VOLUNTEER AVAILABILITY*

**Officials: Please only fill out this form if you are a Level V Judge or higher*

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 24		Fri., March 25		Sat., March 26	
<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"/>	

2005 U.S. COLLEGIATE SYNCHRONIZED SWIMMING CHAMPIONSHIPS

[*OPTIONAL FORM*, deadline at Meet Registration]

FORM H: 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.

2005 U.S. COLLEGIATE SYNCHRONIZED SWIMMING CHAMPIONSHIPS

[*OPTIONAL FORM*, deadline at Meet Registration]

FORM I: OUTSTANDING COLLEGIATE CONTRIBUTOR NOMINATION

Nominee's Name: _____

Institution or position held: _____

This award is presented to an 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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[*OPTIONAL FORM*, deadline at Meet Registration]

FORM J: 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
2003	Erin Gustafson	University of Nebraska
2004	Patricia Johnson	Ohio University