

2005 SPEEDO JR. SYNCHRONIZED SWIMMING CHAMPIONSHIPS

CANTON, OH

Club Entry Form

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**, **Birth Year** and **Citizenship** must be entered.

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.

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.").

In the **Comments** section, enter any necessary information, such as where/when qualified & score, swimmer ONLY entering for Trials (Figures only), etc.

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 are available on-line in MS Word 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.)

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

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FORM B: ENTRY FEE SUMMARY

Club/Official Name _____ Club Code _____

Phone _____

SOLOS

of solos _____ x \$15 = \$ _____

DUETS

of duets _____ x 2 = _____ 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 C: HOST FEE SUMMARY

Club/Official Name _____ Club Code _____
Phone _____

SPONSOR FEE

of Competitors entered (incl. Alternates & Trials Only Athletes) _____ x \$20

Total Sponsor Fee =\$ _____

PROGRAM PHOTOS AND MESSAGES

of Photos and Messages _____ x \$15 **Total Photos and Messages =\$** _____

Participating clubs may email or mail photos and messages to printer1@dkprint.com for \$15 each. **Items must be received no later than March 10.** You will receive a confirmation for emailed materials. For photos, please include a caption listing the order of the swimmers pictured. Digital photos and messages emailed in a standard graphical format are greatly preferred; however, hard copies can be scanned.

VIDEOTAPE ORDERS

A professional videographer will be recording all Final events. Videotapes may be pre-ordered Using this form or on-site throughout the Championships. The price includes shipping.

of Duet/Trio Finals Videotapes _____ x \$20

of Solo/Team Finals Videotapes _____ x \$20

Save—Order both Finals Videotapes for \$35

of Complete Finals Videotapes _____ x \$35

Total Videotape Fees =\$ _____

Mail Videotape(s) to: _____

Address: _____

Phone: _____ Email: _____

SUMMARY

SPONSOR FEE \$ _____

PROGRAM PHOTOS AND MESSAGES \$ _____

VIDEOTAPES \$ _____

TOTAL \$ _____

Attach check payable to CCS Tailspinners

OFFICE USE ONLY: Check date: _____ Check number: _____

Payer: _____ Check amount: _____

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FORM D: HOUSING, TRANSPORTATION AND BANNER INFORMATION

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).

Name

Cell Phone Number

1. _____

2. _____

3. _____

Will you be bringing a club banner to hang? Yes No

Dimensions of club banner: Vertical _____ft Horizontal _____ft

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FORM E: 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., April 7		Fri., April 8		Sat., April 9	
<input type="checkbox"/>	Team Trials/Figs.	<input type="checkbox"/>	Trio Semis	<input type="checkbox"/>	Duet Semis
<input type="checkbox"/>	Figures	<input type="checkbox"/>	Solo Semis	<input type="checkbox"/>	Trio Finals
<input type="checkbox"/>		<input type="checkbox"/>	Team Semis	<input type="checkbox"/>	Duet Finals
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Solo Finals
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Team Finals

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FORM F: MUSIC SELECTION

Club/Official Name _____

Club Code_____

[illegible]

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FORM G: ADVANCE TICKET AND CHAMPIONSHIP PROGRAM ORDER SUMMARY

Club/Official Name _____ Club Code _____
Contact Name _____ Email _____
Contact Phone _____

Spectator tickets will be required for finals on Saturday, April 9, for those without credentials. Each club will receive credentials for 2 coaches and 1 chaperone for every 10 athletes entered in the Championships. All entered athletes and officials will receive credentials.

The spectator area will be cleared at the conclusion of duet semi-finals. All spectators (including those with credentials) may re-enter at 12:30. A ticket or credential will be needed to re-enter for finals.

SPECTATOR TICKETS

of Tickets (Saturday Finals) _____ x \$7 **Total for Tickets = \$** _____

Be sure to take home copies of the Official Program for family and club members who could not attend!

CHAMPIONSHIP PROGRAM ORDERS

of Programs _____ x \$3 **Total for Programs = \$** _____

Attach check(s) payable to CCS Tailspinners
or

**Attach a single check for the total amount due from Host Fee Summary (Form C) and Advance
Ticket and Championship Program Order Summary (Form G)**

OFFICE USE ONLY: Check date: _____ Check number: _____

Payer: _____ Check amount: _____