

2004 NATIONAL SYNCHRONIZED SWIMMING CHAMPIONSHIPS STANFORD, CA.

Club Entry Form *Version 03a Instructions*

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.

**2004 U.S. NATIONAL SYNCHRONIZED SWIMMING CHAMPIONSHIPS
STANFORD, CA.**

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 \$25

Total Sponsor Fee =\$ _____

PROGRAM PHOTO SUBMISSION

of Photos _____ x \$25

Total Photos =\$ _____

PARKING PASSES

Free event parking

SPECTATOR TICKETS

Please call 1-800-STANFORD for Tickets
Tickets will also be sold at the gate

BANQUET

Attending _____ x \$30

Total Banquet Fee=\$ _____

of Vegetarian Meals _____

SUMMARY

SPONSOR FEE \$ _____

PROGRAM PHOTOS \$ _____

BANQUET \$ _____

TOTAL \$ _____

Make check payable to Stanford Synchronized Swimming

Federal Tax ID# 94-1156365

2004 U.S. NATIONAL SYNCHRONIZED SWIMMING CHAMPIONSHIPS
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FORM D: 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. April 28: _____

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 April 19 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 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.

Weds., April 28	Thurs., April 29	Fri., April 30	Sat., May 1
<input type="checkbox"/> Trials Phase I	<input type="checkbox"/> Trials Phase II	<input type="checkbox"/> Solo Prelims	<input type="checkbox"/> Solo Final
<input type="checkbox"/>	<input type="checkbox"/> Trials Phase III	<input type="checkbox"/> Duet Prelims	<input type="checkbox"/> Duet Final
<input type="checkbox"/>	<input type="checkbox"/> Tech Solo	<input type="checkbox"/> Team Prelims	<input type="checkbox"/> Team Final
<input type="checkbox"/>	<input type="checkbox"/> Tech Duet	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/> Tech Team	<input type="checkbox"/>	<input type="checkbox"/>

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