

New England Open Championship

MIT, Cambridge Ma.

July 28-31, 2005

Name of Team: _____ Abbreviation: _____

Team Address: _____

Phone (H) _____ (W) _____

Coach: _____ Phone: _____ E-Mail: _____

Contact Person: _____ Phone: _____ E-Mail: _____

(NOTE: all meet communication will be done by e-mail to the contact person listed)

Entry Summary:

_____ # Women's Individual Events @ \$5.00/\$5.50 \$ _____

_____ # of Women's Relay Events @ \$10.00 \$ _____

_____ # Men's Individual Events @ \$5.00/\$5.50 \$ _____

_____ # of Men's Relay Events @ \$10.00 \$ _____

_____ # of Swimmers @ \$1.00 (NE Swimming Surcharge) \$ _____

TOTAL: \$ _____
(Payable to: North Shore Swim Club)

Any swimmer, whose entry is excepted will for themselves, heirs or executors and administrators waive and release any and all rights and claims for damages he/she may have against United States Swimming, NE Swimming, North Shore Swim Club, or any of their officers of MIT for any injuries suffered by his/her at said meet.

Authorized Club Official