Southern Lehigh Community Pool
P.O. Box 103
Coopersburg, Pa 18036
solecostingrays.com
email: info@solecostingrays.com

SOLECO STINGRAYS "SUMMER SPLASH"
INDIVIDUAL ENTRY FORM

(Must be received by **JULY 3, 2010**)

In consideration of your acceptance of this entry, I hereby for heirs, my assignees and myself waive any and all claims for damages that I might have against the SOUTHERN LEHIGH COMMUNITY POOL or their agents or representatives for any and all injuries suffered by me in or at said meet.

Parent/Guardian Signature: _____ Date:_____

Swimmer's name: _____ M/F: ____ Swimmer's Date of Birth: _____

Age (as of 7/10/10): _____ Swim Club: _____
(Please be specific, awards given according to Team)

Address: _____
Street

_____
City State Zip

Telephone: _____ Email:_____

Event #	Event Name	Best time (in meters)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Relay #	Relay Event Name	Best Time (in meters)
_____	_____	_____
_____	_____	_____

PLEASE LIST THE OTHER 3 SWIMMER'S NAMES ON YOUR RELAY:

Relay # _____ _____ _____ _____

Relay # _____ _____ _____ _____

Number of individual events entered _____ @ $5.00 each $_____
Number of relays entered _____ @$16.00 (per relay) or $4.00 (per individual) each $_____
Total Amount Due **(Payable to: SOLECO)** $_____

MAIL TO: Summer Splash, SOLECO Pool, P.O. Box 103, Coopersburg, PA 18036 OR put in SUMMER SPLASH folder at the pool.

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