

**New Berlin Swim Club – Fall Open**  
**Sanction Number - # 2004-131WI**  
**Sunday, November 7, 2004**  
**A-BB-B-C**

- MEET DATE: Sunday, November 7, 2004
- AM Session:**  
Warm-ups: 7:15 am – 8:15 am  
First Event: 8:30 am
- PM Session:** Will begin immediately after the AM session, but not before 11:00 am  
Warm-ups: One Hour  
First Event: After the end of PM warm-ups
- LOCATION: Carthage College  
2001 Alford Park Drive  
Kenosha, WI 53140-1994  
(262) 551-8500
- FACILITY: Indoor 25 yard pool with eight 7' lanes, non-turbulent lane markers, backstroke flags, 30" Paragon quick start slanted starting blocks, guttered pool. Pool depth is 7' at the starting block end and 4 ½' at the opposite end.
- TIMING: IST Timing System with strobe/horn start, touch pads and manual backup timing buttons. Each lane will have 2 timers with electronic stopwatches. All events will be timed finals.
- OFFICIAL RULES: 2004 USS and Wisconsin Swimming Rules shall govern this meet. Relays: First and last names of competing swimmers and order of swimming must be listed on relay card along with age, prior to swimming the relay. No recall starts.
- WARM-UPS: The first 30 minutes of each warm-up session is circle swimming only, no diving from the starting blocks. The next 30 minutes: Lanes 3, 4, 5, and 6 sprints (one directional swimming from starting end only, diving from the blocks permitted). Lanes 1, 2, 6 and 8 circle swimming. Meet Marshals will be on deck during the entire warm-up, with authority to recommend disqualification from individual events.
- ENTRIES: Completed entry forms, signed waiver, and fees must be received by **Thursday, October 26, 2004**. Preferred method of entry is by diskette in HY-TEK COMMLINK format. Diskettes MUST be accompanied by a hard-copy listing. Current USS ID number MUST be included on the entry form. All deck entries must be able to prove USS membership. Out of state swimmers must show their current USS card prior to swimming.
- MEET DIRECTOR: Joseph Mueller  
10255 Kay Parkway  
Hales Corners, WI 53130  
Home (414) 425-9159  
[joseph.mueller@agfa.com](mailto:joseph.mueller@agfa.com)

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DISABLED ATHLETES: Please indicate on the entry form any special needs by a swimmer.

ENTRY LIMIT: Only the first 1600 individual entries will be accepted. Entries not accepted will be notified by phone as soon as possible. **SWIMMERS ARE LIMITED TO FOUR (4) INDIVIDUAL EVENTS PLUS TWO (2) RELAYS.**

AGE GROUPS: 6&U, 8&U, 10&U, 11-12, 13-14, Senior (Age as of 11/7/04)

ENTRY FEE: Individual Events: \$3.00  
Relays: \$8.00  
Splash Fee \$2.00

AWARDS: Awards for relay events will consists of ribbons for 1<sup>st</sup>-6<sup>th</sup> places. Awards for individual events will consist of medals for 1<sup>st</sup>-3<sup>rd</sup> places and ribbons for 4<sup>th</sup>-12<sup>th</sup> places. Individual swimmers must claim their own awards. Group distribution of awards to coaches will be permitted. Awards will not be mailed.

FINAL RESULTS: One copy of the meet's final results will be sent to each teams designated recipient. Additional copies may be ordered at \$5.00 per copy.

SEEDING: This is a PRE-SEEDED meet. IT IS THE SWIMMER'S RESPONSIBILITY TO BE AT THE BLOCKS AT THE START OF HIS/HER EVENT(S). Staging assistance will be provided for 8&U events.

DECK SEEDING: Deck seeding will be allowed only to the limit of filling partially filled heats. A \$5.00 charge per event will be assessed for deck seeding. Deck seeding will close at 8:15 am for the am session and 15 minutes before the PM session starts. Swimmers unable to prove USA Swimming membership will be charged a deck-registration fee of \$47.

Coaches' packets will be available at the data entry table. Coaches and club officials who desire to be on deck will be required to display proof of current USA Swimming membership at all times.

ADMISSION: Heat Sheets - \$3.00 each; Admission - \$2.00 for 18 and older.

CONCESSIONS: A large selection of food will be available at reasonable prices throughout the day.

MEET CONDUCT: All teams are responsible for the conduct of their swimmers. The Meet Director/Marshall, at his/her discretion, shall remove any swimmers or spectators who behave in a disruptive or disorderly manner.

OFFICIALS: Starter/Referees T.B.A.  
Stroke & Turn T.B.A.

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**LIST OF EVENTS**

(Warm-ups 7:15-8:15 am. Meet starts at 8:30 am)

**A-BB-B+C Meet**

November 7, 2004

**AM SESSION**

Girls

**Event #**

**Event**

Boys

**Event#**

1	Senior 100 Free	2
3	13 - 14 100 Free	4
5	8 & Under 25 Free	6
7	6 & Under 25 Free	8
9	Senior 200 Free Relay	10
11	8 & Under 100 Free Relay	12
13	Senior 100 Breast	14
15	13 - 14 100 Breast	16
17	8 & Under 25 Breast	18
19	6 & Under 25 Breast	20
21	Senior 100 Fly	22
23	13 - 14 100 Fly	24
25	8 & Under 25 Fly	26
27	6 & Under 25 Fly	28
29	Senior 200 Back	30
31	13 - 14 200 Back	32
33	8 & Under 25 Back	34
35	6 & Under 25 Back	36
37	Senior 200 IM	38
39	13 - 14 200 IM	40
41	8 & Under 100 IM	42
43	Senior 200 Medley Relay	44
45	8 & Under 100 Medley Relay	46

**PM SESSION**

47	11 – 12 50 Free	48
49	10 & Under 50 Free	50
51	11 – 12 200 Free Relay	52
53	10 & Under 200 Free Relay	54
55	11 – 12 50 Breast	56
57	10 & Under 50 Breast	58
59	11 – 12 50 Fly	60
61	10 & Under 50 Fly	62
63	11 – 12 100 IM	64
65	10 & Under 100 IM	66
67	11 – 12 200 Back	68
69	10 & Under 100 Back	70
71	11 – 12 200 Medley Relay	72
73	10 & Under 200 Medley Relay	74

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**Waiver**

In consideration of the acceptance of these entries, the undersigned hereby, for myself and all the members of the team I represent together with their heirs, representatives and assigns, waive all claims against United States Swimming and the Wisconsin Swimming Committee, New Berlin Swim Club, Carthage College, and any other agents of this meet for injuries and any other expense incurred by myself or any person on behalf of my club at the meet or on the road to and from the meet.

Signature of Team Official \_\_\_\_\_  
Team Name \_\_\_\_\_  
Team Abbreviation \_\_\_\_\_  
Coach(es) \_\_\_\_\_  
Address for Final Results \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact: Name \_\_\_\_\_  
Phone (\_\_\_\_\_) \_\_\_\_\_  
Email \_\_\_\_\_

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**SUMMARY OF ENTRY FEES**

Number of Individual Swims \_\_\_\_\_ x \$3.00 = \$ \_\_\_\_\_  
Number of Swims Reserved \_\_\_\_\_ Reservation \$ \_\_\_\_\_  
Balance Due for additional swims (enter zero is less) \$ \_\_\_\_\_

EXCESS RESERVATION MAY NOT BE APPLIED TOWARD RELAY & SPLASH FEES

Number of Swimmers \_\_\_\_\_ x \$2.00 = \$ \_\_\_\_\_  
Number of Relay Swims \_\_\_\_\_ x \$8.00 = \$ \_\_\_\_\_  
Total Entry Fee Due \$ \_\_\_\_\_

**Make Checks Payable to: New Berlin Swim Club**

**Mail Entries and Waiver to:** Joseph Mueller  
10255 Kay Parkway  
Hales Corners, WI 53130  
(414) 425-9159

**ENTRIES MUST BE RECEIVED BY THURSDAY, OCTOBER 26, 2004**