

# EXPRESS DISTANCE CHALLENGE

Hosted by: Waukesha Express Swim Team

Saturday, June 30, 2007

Sanction #2007-055WI

**Location:** Waukesha South High School  
401 E. Roberta Drive  
Waukesha WI, 53186

**Meet Director:** Laurie Carlson  
P.O. Box 1874  
Waukesha WI, 53187  
(262) 970-0641

**Meet Entry Chair:** Laurie Carlson  
P.O. Box 1874  
Waukesha, WI 53187  
(262) 970-0641  
laurie@waukeshaexpress.org

**Facility:** Eight lane, 25 yard pool. Pool depth is 13 feet at the start end and 5' 10" feet at bulkhead (turn end). Blocks are 30 inches high. The pool features a 12 ½ by 14 ½ foot full color, digital display scoreboard. Concessions will be available. No food or beverage is allowed in the pool area.

**Timing:** Colorado System 6 timing system with aqua grip touch pads.

**Rules:** Official 2007 Short Course USA Swimming Rules and Wisconsin Swimming Rules shall govern the conduct of this meet. Swimmers must be registered Wisconsin USA swimmers. Age is as of June 30, 2007. Coaches must display their Coaches Card while on deck.

**Schedule:** Saturday  
Warm-ups: 8:00 AM  
Meet begins: 9:05 AM

*The meet director will notify each club as to the approximate time for all sessions once all meet entries have been received.*

**Officials:** TBA

**Entries &**

**Eligibility:** All entries will be taken when accompanied by full payment. Swimmers may compete in two events. Deck entries will only be allowed if there are open lanes available. All deck entries are \$8.00 per event.

All swimmers must be registered USA-Swimming swimmers and their USA Swimming number MUST be listed on the official entry form. This includes relay only swimmers. Submit current yard times.

**Completed entry form, signed waiver, and fees must be received no later than Thursday, June 21, 2007.** Any Questions concerning entries should be directed to Laurie Carlson, Meet Manager at 262-970-0641.

**(THIS MEET IS BEING RUN ON HY-TEK SOFTWARE. PLEASE SUBMIT ENTRIES ON A 3.5 DISK AND INCLUDE A PRINTED COPY OF THE ENTRIES.)**

**Mail**

**Entries:** Mail forms, signed waiver and fees (payable to WEST) to:  
**Waukesha Express Swim Team**  
**P.O. Box 1874**  
**Waukesha WI, 53187**

*All entries must be received by Thursday, June 21, 2007.*

**Entry Fees:** \$6.00 per individual event  
\$2.00 per swimmer in an individual event for LSC tax (splash fee)  
*Entry fees must accompany the official entry forms and are not refundable.*

**Admissions:** There will be a charge for admission and heat sheets.

**Final**

**Results:** Final results will be mailed to all competing teams. Extra copies may be ordered for \$8.00 each.

**Seeding:** All events will be positive check-in.

**Conduct:** Each team is responsible for the behavior of their swimmers. *The Meet Director or Meet Marshall may remove any swimmer from competition for disruptive or disorderly behavior.*

**Coaches:** All coaches must pick up their coach's packets in person and must show their coach's card. If a coach does not present an USS card, they will not be allowed on deck and the swimmers for the team will be assigned to an USS certified coach for warm-ups.

**Medical:** Please indicate any special needs your swimmers may have on the entry form. We will do everything possible to accommodate them. This should include any existing conditions that may require meet management to activate the emergency response plan. Building personnel are trained in procedures required by Blood Borne Pathogens laws and will be responsible for any clean up required.

**EXPRESS DISTANCE CHALLENGE  
ORDER OF EVENTS**

<b>SINGLE SESSION</b>		
1	OPEN 200 YD FREESTYLE	2
3	OPEN 400 YD IM	4
5	OPEN 200 YD BACKSTROKE	6
7	OPEN 500 FREESTYLE	8
9	OPEN 200 YD BREASTSTROKE	10
11	OPEN 200 YD BUTTERFLY	12
13	OPEN 1650 FREESTYLE	14

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**WAIVER FORM**

In consideration of the acceptance of this entry, I/we hereby, for myself/ourselves, my heirs, administrators, and assigns waive and release any and all claims, against the Waukesha School District, USA Swimming, the Waukesha Express Swim Team and meet officials for injuries and/or expenses incurred by me/us at this meet or while on the road to and from this meet. I/we are bona-fide amateur athletes and eligible to compete in all the events I/we have entered. I/we also understand that our club will be responsible financially for any damage done to the facility by our athletes during the meet. All swimmers entered are current members of WI/USA Swimming Inc.

Club Name: \_\_\_\_\_ Initials (Four only) \_\_\_\_\_

Signature of Club Official, Parent or Guardian

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Title: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_

Entry Fee Recap: \_\_\_\_\_ Individual Events x \$6.00= \$ \_\_\_\_\_

Minus Reservation Paid = \$ \_\_\_\_\_

Bal. Due for Ind. Swims = \$ \_\_\_\_\_

PLUS: \_\_\_\_\_ LSC Surcharge x 2.00 = \$ \_\_\_\_\_  
*(# of swimmers in Individual Events)*

Total Entry Fee Due = \$ \_\_\_\_\_

Name of coach or team representative at meet:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Name and address for mailing of final results:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Make checks payable to:**

**Mail Entries to:**

**Waukesha Express Swim Team**

**Laurie Carlson**

**Waukesha Express Swim Team**

**P.O. Box 1874**

**Waukesha, WI 53187**

