



Wisconsin Swimming Meet Reservation Form

Host Club _____

Name of Meet _____

Date of Meet _____

Team _____

Contact Person _____

Address _____ Phone (_____) _____
(Street / P.O. Box)

(City) (State) (Zip)

EMAIL ADDRESS: _____

| | | Entry Fee | | Swims | Total |
|-----------------|----------|-----------|---|-------|-------|
| Number of Swims | Fri A.M. | _____ | x | _____ | _____ |
| | Fri P.M. | _____ | x | _____ | _____ |
| | Sat A.M. | _____ | x | _____ | _____ |
| | Sat P.M. | _____ | x | _____ | _____ |
| | Sun AM. | _____ | x | _____ | _____ |
| | Sun P.M. | _____ | x | _____ | _____ |
| Meet Total | | _____ | x | _____ | _____ |

Total Individual Entry Fees Submitted _____ Check # _____

Note: Relay, surcharges and time trial fees are not figured into this reservation total. Reservations in excess of actual entries are not refundable and may not be applied to relay, surcharge, or time trial fees, UNLESS OTHERWISE SPECIFIED ON HOST TEAM'S WAIVER.

For Host Club Only

Date Received _____ Amount Enclosed _____

6/23/2009