Wisconsin Swimming
Meet Reservation Form

Host Club_____

Name of Meet_____

Date of Meet_____

Team_____ Date Completed_____

Contact Person_____

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

_____ _____ _____
        (City)   (State)   (Zip)

		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.

For Host Club Only

Date Received_____ Amount Enclosed_____

3/7/01