



**STATE
REGISTRATION
Aquatics**

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Aquatics**

Summer Games

Head of Delegation:

Delegation ID:

Date:

Head Coach Name:

Email:

Address:

City:

State:

Zip Code:

Day Phone:

Evening Phone:

Type of Team(relay): *Traditional*

Unified

Please give the "Team Name":

Please give the "Team Score":

Assistant Coaches:

Name:

Name:

| Entry Type | Last Name | First Name | Sex | DOB | Needs | Event | minutes | seconds | Shirt Size |
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Comments: NOTE TIME RESTRICTIONS! These are max times for these events. If athlete times over this, please chose another event or contact with questions.
 25m.....1min 30 sec; 50m.....2min; 100m....4min; 400m....7min



**Special
Olympics**
South Carolina

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Aquatics**

Summer Games

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