**Head of Delegation:**  **Delegation ID:** **Date:**

If HOD “Other Volunteer/Coach”, please give name

**Head Coach Name:**       **Email:**       **Address:**

**City:**       **State:**    **Zip Code:**

**Day Phone:**       **Evening Phone:**       **Phone during competition weekend:**

**Assistant Coaches:** **Name:       Name:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  **Entry** **Type** | **Last****Name** | **First** **Name** | **Sex** | **DOB** | **Needs** | **Event** | **minutes** | **seconds** | **Shirt****Size** |
|  |       |       |  |       |  |  |     |     |       |
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**NOTE TIME RESTRICTIONS! These are max times for these events. If athlete times over this, please choose another event or contact with questions.**

25m…..1min 30sec; 50m….2min; 100m….4min