St. Pete Masters Long Course Swimming Championships
July 12 and 13, 2008
Sanctioned by: Florida LMSC for USMS, Inc. Sanction #: 148-011

Last Name (as on 2008 USMS card): ________________________ **First** _____________ **MI** ____
2008 USMS number________ - ______________________ **Gender** (circle) Male Female
Date of Birth (mm/dd/yy): _____________________ **Age** (as of 12/31/08): _________
Club Name: ______________________________________**Club Abbreviation**: __________________
Street Address: ________________________________**City** ______________ **State**____ **ZIP**_______
E-Mail Address (neatly): ____________________________________**Phone:** _____ - ______ - ________

Meet Entry Times

(Swimmers may enter no more than 5 individual events per day of meet)

Event #	Saturday, July 12th	Entry Time	Event #	Sunday, July 13th	Entry Time
1 / 2	1500 m. Free ** (1500 *limited to 1st 40 entrants)*	____________			
3 / 4	200 Mxd Medley Relay	xxxxxxxxxxxx	21 / 22	200 Mxd Free Relay	xxxxxxxxxxxx
5 / 6	200 m. Back	____________	23 / 24	200 m. Free	____________
7 / 8	100 m. Free	____________	25 / 26	50 m. Breast	____________
9 / 10	50 m. Fly	____________	27 / 28	100 m. Fly	____________
11 / 12	200 m. Medley Relay	xxxxxxxxxxxx	29 / 30	200 m. Free Relay	xxxxxxxxxxxx
13 / 14	100 m. Breast	____________	31 / 32	200 m. Breast	____________
15 / 16	200 m. Fly	____________	33 / 34	100 m. Back	____________
17 / 18	200 m. IM	____________	35 / 36	50 m. Free	____________
19 / 20	50 m. Back	____________			

** Event seeded FASTEST to SLOWEST, the 1500 Free will combine Women and Men by time

~*~

Fees: Meet Surcharge = $15.00
# of Events ____ * $2.50 = ___________
Copy of Final Results @ $7.00 = ___________
TOTAL ENCLOSED = ___________

ATTACH A COPY OF YOUR CURRENT USMS CARD HERE

MAKE CHECK PAYABLE TO: ST PETE MASTERS
Mail entry to: SPM c/o Patty Nardozzi ~~ 6346 27th Ave. North ~~ St. Petersburg, FL 33710
~*~

I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. ***AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIM COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES.*** In addition, I agree to abide by and be governed by the rules of USMS. (see Rule Book Article 203.1)

Signature of Participant_______________________________________ Date: ____________________