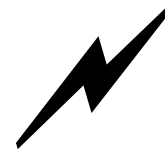
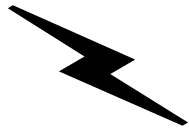


# Lockport Homer Swim Club

## ISI Meet Entry Sheet



Meet Name: \_\_\_\_\_

Meet Date: \_\_\_\_\_

Swimmer's Name: \_\_\_\_\_

Day(s) Swimming: \_\_\_\_\_

<u>Number</u>	<u>Distance</u>	<u>Stroke</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_ **Please check if you are would like to swim relays and which ones.**

Note- Turn into Coaches Folder or email entries to Laura Knowles @ [lknowles@lths.org](mailto:lknowles@lths.org).

After turning in this form I understand that I am responsible for paying for the events listed whether or not my child is at the meet. Fees are in the meet packet.

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Parent/Guardian Signature