# Rec-Plex Sharks Swim Team

## Meet Entry Form

Swimmers Name_____
First M.I. Last

Phone: _____Birth Date: _____Age: ____ (As of Meet Date)

Meet Name: _____Date of Meet: _____

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Event Number: _____Event Name: _____

Event Number: _____Event Name: _____

Event Number: _____Event Name: _____

Event Number: _____Event Name: _____

Event Number: _____Event Name: _____

Event Number: _____Event Name: _____

Event Number: _____Event Name: _____

Event Number: _____Event Name: _____

Event Number: _____Event Name: _____

Event Number: _____Event Name: _____

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**Ozark or Swimmer Surcharge for Meet** $_____

**Entry Fee per Individual Event** $_____ x _____ **#Events**

**Relay Entry Fees** $_____

**Total** $_____

_____
Parents Signature, This MUST be signed to be entered

*Make Checks Payable To: Rec-Plex Sharks Parents Escrow*
Please put this form and check in the meet folder in Coach Erik's door.