



**LONE STAR**  
aquatic club

# Meet Entry Form

Family Name: \_\_\_\_\_

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

Swimmer Name	Event No.	Distance (Circle One)	Stroke (Circle One)
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley
		25   50   100   200   400   500   1650	Back   Breast   Free   Fly   Medley

\_\_\_\_\_ x \_\_\_\_\_ = \$ \_\_\_\_\_  
Number of Events      Fee per Event

Coaching Fee \$6 per Swimmer      +      \$ \_\_\_\_\_

TOTAL DUE      =      \$ \_\_\_\_\_

Check Number

Make **check** payable to LSAC | **Attach check payment to this form**