

**Southeastern Georgia Divisional Swim Meet
March 27-28, 2010
Entries Form**

*** * * Deadline for Entries: Tuesday, March 9, 2010 * * ***

Swimmer Name _____

DOB _____ Age _____ Phone Number _____

Email _____

Please write in the Event Numbers and Names
Maximum individual events/day: 5

	Event #	Event Name
Saturday	1.	_____
	2.	_____
	3.	_____
	4.	_____
	5.	_____
Sunday	1.	_____
	2.	_____
	3.	_____
	4.	_____
	5.	_____

Total # of Events _____ X \$4.00 = _____

_____ I have attached a check made payable
to the Savannah Swim Team.

_____ Please use my credit/debit
card on file.

Signature _____

Date _____