

PCC USS MEET ENTRY FORM

MEET NAME AND/OR LOCATION \_\_\_\_\_

SWIMMER'S NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_  
 (Please include swimmers middle initial)

PHONE NUMBER \_\_\_\_\_

FRIDAY EVENTS  
 EVENT #

DESCRIPTION

USS TIME

_____	_____	_____
_____	_____	_____
_____	_____	_____

SATURDAY EVENTS  
 EVENT #

DESCRIPTION

USS TIME

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SUNDAY EVENTS  
 EVENT #

DESCRIPTION

USS TIME

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL # OF EVENTS \_\_\_\_\_ X \_\_\_\_\_ = \$ \_\_\_\_\_

MI SWIMMING SURCHARGE \$ 1.00 \_\_\_\_\_

TOTAL DUE \*\*\*\*\* \$ \_\_\_\_\_

\*\*CHECKS PLEASE, MADE PAYABLE TO PCC\*\*