

PCC USS Meet Entry Form

Senior and Senior Development Groups

Meet Name and / or Location _____

Swimmer's Name _____
(Please Include Swimmer's Middle Initial)

Swimmer's Birthdate _____ Phone Number _____

*Please circle which sessions you will be attending. The PCC coaches will be selecting your events for this meet. Every swimmer will be entered in the maximum number of events for that session. Refer for the meet packet to determine the total number of events and cost per event. Please write your check accordingly.

Friday

Saturday

Sunday

AM Session

AM Session

AM Session

PM Session

PM Session

PM Session

*Please circle if you are not available for relays: **NO RELAYS**

Total Amount Due \$ _____ + \$1.00 (MI Swimming Surcharge) = \$ _____

(Please Make All Checks Payable to PCC)