

New Caney Aquatic Team

Meet Entry Form

Meet Name:					
Meet Date :					
		Last		First	
Swimmer Name :					
USA Swimming ID# :					
Age on First Day of Meet :					
EVENT #	DIST/STROKE	TIME	EVENT #	DIST/STROKE	TIME

Total # of events: _____ x \$ _____ /event = \$ _____.

NCAT Swimmer Surcharge \$ 5.00/swimmer= \$ 5.00

Facility Surcharge \$ 2.00/swimmer= \$ 2.00

TOTAL AMOUNT DUE = \$ _____

Please make checks payable to **NCAT.*