



Southern Lehigh Community Pool
 3900 Jacoby Road
 P.O. Box 103
 Coopersburg, Pa 18036
 solecopool.org
 email: solecosplash@gmail.com

SOLECO STINGRAYS “SUMMER SPLASH”: June 29, 2019 INDIVIDUAL ENTRY FORM

(Must be received by **JUNE 20th 2019**)

In consideration of your acceptance of this entry, I hereby for heirs, my assignees and myself waive any and all claims for damages that I might have against the SOUTHERN LEHIGH COMMUNITY POOL or their agents or representatives for any and all injuries suffered by me in or at said meet.

Parent/Guardian Signature: _____ Date: _____

Swimmer's name: _____ M/F: _____ Swimmer's Date of Birth: _____

Age (as of 6/29/19): _____ Swim Club: _____
 (Please be specific, awards given according to Team)

Address: _____
 _____ Street

_____ City _____ State _____ Zip

Telephone: _____ Email: _____

Event #	Event Name	Best time (in meters)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Number of individual events entered _____ @ \$5.00 each \$ _____

Processing Fee for all entries **NOT** submitted electronically **ADD \$5 per event** \$ _____

Total Amount Due (**Payable to: SOLECO**) \$ _____

MAIL TO: Summer Splash, SOLECO Pool, P.O. Box 103, Coopersburg, PA 18036 OR put in SUMMER SPLASH folder at the pool. **ENTRIES MUST BE RECEIVED BY JUNE 20, 2019**