

Euclid Marlins Meet Entry Form

Meet Name and Date: _____

Swimmer Name: _____

Event #	Event Name	Time (If not On File)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Swimmer will be able to participate in a Relay (Yes or No): _____

Event Fee: _____

Total Number of Events _____ x Event Fee _____ = _____

LESI Surcharge + \$2.00

Total Due _____

Make all checks payable to Euclid Marlins. Fill out a Meet Entry Form for each swimmer swimming at the meet.