

Kenora Swimming Sharks Masters Winterlude Swim Meet

- Date:** Saturday February 9, 2008
- Time:** Warmup: 1:00 PM Start: 1:30 PM
- Location:** The Aquatics Centre at the Kenora Recreation & Wellness Centre
- Facilities:** Main Pool ~ 6 lanes x 25 Meter;
[Leisure Pool ~ 2 lanes x 20 Yard lap swimming plus shallow play area; Warm tots pool; Hot tub and Sauna; Waterslide]
Mens, Womens & Family Changerooms all ***Wheelchair Accessible*** and equipped with token operated lockers.
- Rules:** Meet sanctioned by Masters Swim Ontario. All Appropriate rules will be in effect. All swimmers must be registered with MSO or Masters Swim Manitoba, or with their appropriate Provincial or State Masters / Sports Organization.
- Age Groups:** Individual Events ~ 18 – 24; 25 – 29; 75 – 79; 80 +, etc. in 5 year increments.
Relay Events ~ 72 - 99; 100 - 119; 120 -159; 160 + in 40 year increments.
- Entry Limits:** Swimmers may enter a maximum of **5 events**, not including relays.
Deck entries will be accepted (**to fill empty lanes only**).
- Awards:** Suitable (and possibly ***unsuitable***) awards will be presented to all participants.
- Buffet:** A **Buffet Dinner** will be served after the meet at the Ukrainian Hall 509 4th St N.
- Entries:** Please submit entries: A] via Hytek Team Manager Software or B] clearly typed.
Email entries to: swimmingsharks@kmts.ca .
- Entry Deadline:** **Wednesday January 30, 2008**
- Entry Fees:** NWO Regional Development Fee ~ **\$2.00 per swimmer**
MSO Support Fee ~ **\$2.00 per swimmer**
Individual Events ~ **\$4.50 per event**
Relays ~ **\$8.00 per relay team** [\$2.00 / swimmer]
Buffet Dinner ~ **\$20.00 per person**

Or a flat fee of **\$47.00** per swimmer (covers the NWO Regional Development Fee, up to 5 Individual Events, participation in Relays, and a ticket to the Buffet Dinner).

Entry Fees payable to **Kenora Swimming Sharks**

Meet Manager: Crystal Martin
620 Sixth Avenue South
Kenora, ON P9N 2C6
Phone: (807) 468-9760
Email: cbmartin@kmts.ca

Technical Questions: Bruce and/or Edie Fisher
Phone: (807) 548-8142 [Home] Phone: (807) 468-4221 [KSS Office]
Email: swimmingsharks@kmts.ca

Kenora Swimming Sharks Winterlude Swim Meet-February 9, 2008

Name _____ Age _____ Birthday _____
 Address _____
 Club _____ Email _____

Individual Entry Form ~ Masters Registration Number _____

Female Events	Entry Time	Stroke	Male Events	\$'s
1A- 400 Freestyle 1B – 400 IM		400 Freestyle 400 IM	2A – 400 Freestyle 2B – 400 IM	
3		200 Mixed Freestyle Relay	4	
5		25 Backstroke	6	
7		25 Butterfly	8	
9A - 200 Freestyle 9B – 200 Backstroke 9C – 200 Breaststroke 9D – 200 Butterfly		200 Choice of Stroke (Specify Event # and Stroke)	10A - 200 Freestyle 10B – 200 Backstroke 10C – 200 Breaststroke 10D – 200 Butterfly	
11		100 Freestyle	12	
13		50 Breaststroke	14	
15		100 Backstroke	16	
17		50 Butterfly	18	
19		200 Prediction Race **	20	
21		100 Breaststroke	22	
23		100 Butterfly	24	
25		50 Freestyle	26	
27		25 Freestyle	28	
29		25 Breaststroke	30	
31		50 Backstroke	32	
33		100 IM	34	
35		200 Medley Relay	36	

** **Prediction Race:** Specify **STROKE** and **TIME** to the hundredths of a second (i.e. ~ **200 Back** - **2:59.97**) on the Entry Sheet. The winner is the person who finishes closest to their “predicted” time.

Total Individual Events (\$4.50/Event)	_____ x \$4.50/Event = \$_____
Total Relays (\$2.00 / Relay / Swimmer)	_____ x \$2.00/Relay = \$_____
NWO Regional Development Fee	\$2.00 per Swimmer
Buffet Dinner Fee	\$20.00 per Swimmer
Your Meet Fee	\$_____
OR pay \$45.00 (includes NWO Regional Development Fee, Event Fees for up to 5 Individual Events, 2 Relays, and Buffet Dinner Fee).	<u>\$45.00 Total Meet Fee</u>

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Relay Entry Form

Event Number:	Event:	Total Relay Age:
Team Name:	Club:	Entry Time:
Swimmer 1 ~	Age ~	
Swimmer 2 ~	Age ~	
Swimmer 3 ~	Age ~	
Swimmer 4 ~	Age ~	

Event Number:	Event:	Total Relay Age:
Team Name:	Club:	Entry Time:
Swimmer 1 ~	Age ~	
Swimmer 2 ~	Age ~	
Swimmer 3 ~	Age ~	
Swimmer 4 ~	Age ~	

Event Number:	Event:	Total Relay Age:
Team Name:	Club:	Entry Time:
Swimmer 1 ~	Age ~	
Swimmer 2 ~	Age ~	
Swimmer 3 ~	Age ~	
Swimmer 4 ~	Age ~	

Event Number:	Event:	Total Relay Age:
Team Name:	Club:	Entry Time:
Swimmer 1 ~	Age ~	
Swimmer 2 ~	Age ~	
Swimmer 3 ~	Age ~	
Swimmer 4 ~	Age ~	

Team Entry Form for the KSS Masters Winterlude Swim Meet

Team _____ Code _____

Team Contact _____

Phone _____ Fax _____

Email _____

Total Number of Participating Swimmers: Female _____ Male _____

Total Number of Relay Teams: Mixed _____ Female _____ Male _____

Total Number of Buffet Tickets Required: _____

Total \$'s Owing: \$_____ [cheques payable to Kenora Swimming Sharks]

Please either **mail** to KSS, P.O. Box 321, Kenora, ON, P9N 3X4 or **bring** to the meet.

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