Brantford Aquatic Club - Masters - Fall Sprint Splash 2003

Club Name: _____ **Club Code:** _____ **Contact Name:** _____ **Phone:** _____

Mailing Address: _____

Coach: _____

SATURDAY, OCTOBER 25, 2003 - 6:00-9:00 P.M. Events														WARM-UP 5:15 - 5:55 P.M.
SWIMMER'S Name	**M/F**	**Age**	**Reg.#**	**25 Fly**	**50 BK**	**25 FR**	**50 BR**	**100 FR**	**Mixed IM Relay**	**50 Fly**	**25 BK**	**50 FR**	**25 BR**	**200 FR**	**200 FR Relay**
				1	**2**	**3**	**4**	**5**	**6**	**7**	**8**	**9**	**10**	**11**	**12**

Mail entries to: **Michael Puckering**
10 Rollingwood Cres
Brantford, ON N3R 5Z8
(519) 756-3297 (Home)

If faxing entries, send to: **Michael Puckering**
FAX: (519) 750-1390

Number of Swimmers: _____ **At $20.00 each = $ ____**

*** This form must be printed on legal size paper (8 ½" x 14) ***

Email: mpuckering@rogers.com