

# THE 2002 ONTARIO MASTERS SWIMMING CHAMPIONSHIP RELAY ENTRY FORM

Club Name: \_\_\_\_\_ Club  
Letters: \_\_\_\_\_

Club Representative:  
\_\_\_\_\_

Address:  
\_\_\_\_\_

City: \_\_\_\_\_ Postal  
code: \_\_\_\_\_

Phone (days:) \_\_\_\_\_ Phone (evenings):  
\_\_\_\_\_

Fax: \_\_\_\_\_ e-mail:  
\_\_\_\_\_

EVENT #	EVENT NAME	#OF TEAMS
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**Saturday April 5, 2002**

13	WOMEN	4 X 50 FREE RELAY	_____
14	MEN	4 X 50 FREE RELAY	_____
15	WOMEN	4 X 50 MEDLEY RELAY	_____
16	MEN	4 X 50 MEDLEY RELAY	_____
17	MIXED	4 X 200 MEDLEY RELAY	_____

**PLEASE MAIL TO:**

**2002 ONTARIO MASTERS  
SWIMMING CHAMPIONSHIP**

c/o Charlie Lane  
50C-928 Queen Street West  
Mississauga, ON L5H 4K5

Phone for information only  
(905) 271-6365

**Sunday April 6, 2002**

37	MIXED	4 X 50 FREE RELAY	_____
39	MIXED	4 X 50 MEDLEY RELAY	_____
41	WOMEN	4 X 200 MEDLEY RELAY	_____
42	MEN	4 X 200 MEDLEY RELAY	_____

**ENTRIES TO BE RECEIVED  
BY FRIDAY,  
MARCH 15, 2002**

**NOTE:** Payment for Relays must be received by separate cheque, and must accompany this form. It is not necessary to include names or ages of swimmers, or age group of team at this time.

**TOTAL ENTRIES** \_\_\_\_\_