Albright Aquatic Club

Meet Entry Form

Swimmer's Name: _____

Age (1st day of meet): _____

Meet Name: _____

Meet Date: _____

Event #	Event Description (age group, stroke, distance)	Entry Time

Total Number of Events Entered: _____

Cost per Event: _____

Event Cost _____

Meet Surcharge (if any from Host Club or MA) _____

Albright Aquatic Club Administration Fee $2.00

TOTAL PAYMENT: _____

AAC Use Only
Date Entry Received: _____
Payment:_____
Check #: _____