SOUTH TEXAS SWIMMING STANDARDIZED WEB SITE ENTRY FORM

Meet: _____

Team: _____ **Code:** _____

Head Coach: _____ **Phone:** _____

Address: _____

City: _____ **State:** ___ **Zip+4:** _____

Swimmer's Last Name	First Name And M. I.	USA Swimming Registration Number	Dob MMDDYY	Sex (M/F)	Ev. No.	Seed Time	Ev. No.	Seed Time	Ev. No.	Seed Time	Ev. No.	Seed Time