

**OREGON SWIMMING, INC. - MEET DATE APPLICATION FOR:**

**2011**

Select one of each item below that describes the type of meet:

Meet Type: Open\_\_\_\_\_ (Any USA Swimming Swimmer or Club may attend, subject to first come, first served entry limits.)

Invitational\_\_\_\_\_ (Only invited clubs and swimmers)

Level: Senior\_\_\_\_\_ Age Group\_\_\_\_\_ Combination (SR/AG) \_\_\_\_\_

Time Standards: ABC\_\_\_\_\_ AB\_\_\_\_\_ BC\_\_\_\_\_ Other (specify) \_\_\_\_\_

Facility: Pool Length\_\_\_\_\_ Yards/Meters. Number of Lanes: \_\_\_\_\_

Depth at Starting End\_\_\_\_\_ Depth at Turn End \_\_\_\_\_

Date Requested: 1<sup>st</sup> Choice\_\_\_\_\_ 2<sup>nd</sup> Choice\_\_\_\_\_

Name of Meet: \_\_\_\_\_

Name of Facility: \_\_\_\_\_ Facility Phone: \_\_\_\_\_

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

Host Club: \_\_\_\_\_

Contact Person: Name: \_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

(This should be the person you want listed in the Swim Guide and on the web site, usually the meet director)

Each club will receive a pass word to vote for the championships. List the name of your club who should receive this.

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Return this application before March 31, 2010 to:

Oregon Swimming, Inc., 1750 SW Skyline Blvd. Suite 103, Portland, OR 97221-2545  
or FAX to 503-297-8498