Swimmers with a Disability Entry Form Sanction # ------

Name:	_ Club	LSC
USA Swimming #:	_ Age first day o	f the meet
Swimmer email address:		
Swimmer Phone number:		
Name of person completing this form:		
Email address:		
Phone #:		

Please enter events below. Each swimmer is limited to three (3) individual events per day and a total of six (6) events in the Meet. Please indicate the swimmer's preference regarding seeding of their entry for each event. Please note that changing age groups may change the session that the swimmer swims. Changing the distance may affect the day on which the swim occurs. Take these factors into consideration when selecting the seeding procedure for each event listed below. The Meet Referee has the final decision regarding seeding procedures.

Event #	Event Description	Entry Time	Seed With Age Group (same age, same distance)	Seed with Different Distance (same age, different distance)	Seed with Comparable Time (younger age, distance depends on entry time)
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