CONNECTICUT SWIMMING
WORKER LIAISON and MANUAL PROOF OF TIMES

Team _____ Email_____

Contact_____Home/Work Phone_____

PROOF OF TIME CHART - MANUAL ENTRIES ONLY

Indicate each meet here and show proof numbers on entry. For meets out of Connecticut, please enclose copies of results; pertinent pages only.

Ref. No.	Date	Meet Name	Location
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

Contact person representing the team who will be responsible for arranging that all team work assignments for the meet are fulfilled. If no one is listed, the head coach will be assumed to have the responsibility.

Workers: Liaison:

Friday AM

Friday PM

Saturday AM

Saturday PM

Sunday AM

Sunday PM

Work Assignment Deposit (Out of state clubs only)	$50 per 5 athletes entered	$_____
Manual Entry	$5.00 per athlete	$_____
Entry Fees	$5 per individual event $10 per relay $2 per relay-only	$ _____
TOTAL ENCLOSED		$_____

Make checks payable to: **CONNECTICUT SWIMMING, INC.**