

Revised – e-mail address for entries corrected

EMMAUS AQUATIC CLUB

13TH ANNUAL FALL A/BB/C SPRINT MEET

DEDICATED TO MATT KUSH & TOMMY GRAY

SATURDAY, OCTOBER 11, 2003

Held under the Sanction of USA Swimming

Sanctioned by Middle Atlantic Swimming, Inc.

Sanction # 0407A

LOCATION	Emmaus High School Natatorium 300 Macungie Ave. Emmaus PA 18049 Day of meet ONLY emergency phone #610-393-5714 or 610-965-1674
FACILITIES	6 Lane, 25 Yd. Indoor Pool, Entry Depth 12 Feet, Anti-Wave Lane Lines, Colorado Timing System, Paragon Starting Platforms, Ht-Tek Software, Spectator seating is separate balcony seating for 420, Parking capacity 500, Snack Bar will be available.
MEET DIRECTOR	Mike Seip 610-965-5800, emacswwim@rcn.com
SAFETY DIRECTOR	Kip Hein 610-965-5800
OFFICIALS	Officials Coordinator: Donna Barnum 610-965-5800, emacswwim@rcn.com
ELIGIBILITY	Open to any swimmers 9 & older currently registered with USA Swimming for 2003-04. Swimmer's age is as of 10/11/03. Swimmer may swim a maximum of 3 events in his/her age category.

ENTRY LIMITATIONS	The Meet Director reserves the right to limit entries, events or heats, or to modify the meet format to conform with Middle Atlantic rules. Swimmers/Teams eliminated from the meet due to time or space constraints will be given a refund.
ORDER OF EVENTS WARM-UP & START TIMES	Please see attached order of events. All events are pre-seeded timed finals. Warm Ups begin at 12:30 pm, Meet at 1:30 pm. No diving during warm-ups, except limited diving in announced sprint lanes. When diving is permitted the swimmer must enter from the starting blocks and exit from the opposite end of the pool. All entries must be feet-first other than the above-mentioned.
DECK ENTRIES	Subject to space availability, and at the discretion of the Meet Director, deck entries will be accepted on the day of the meet, prior to the start of the meet at the cost of \$6.00 per event. Deck-entered swimmers will compete unofficially; the achieved time is official, but will not score in the meet for points or awards. To enter, please see the MD before or during warm-ups.
SWIMMERS WITHOUT A COACH	Swimmers unaccompanied by a credentialed coach should report to the Meet Director before warm-ups.
SEEDING	All events are pre-seeded timed finals.
HOW TO ENTER	Entries must be submitted using Hy-Tek software, and must be submitted in the course in which they were achieved. Supporting paperwork and recap sheet must accompany all entries.
ENTRY FEES	\$3.00 per event.
SEND ENTRIES TO	Mail entries to EMAC, PO Box 3304, Allentown PA 18106-0304. Phone 610-965-5800, Fax 610-965-7704 Entries may be emailed to emacswim@rcn.com Make checks payable to Emmaus Aquatic Club
ENTRY DEADLINE	September 26, 2003 by 6:00 PM No late entries will be accepted.

<p>RULES</p>	<p>This meet will be conducted according to current USA Swimming rules. Middle Atlantic Swimming rules shall also apply. USA SWIMMING / MA SWIMMING SAFETY GUIDELINES AND WARM-UP PROCEDURES WILL BE IN EFFECT FOR THE ENTIRE MEET.</p> <p>Only currently credentialed coaches, USA Swimming registered athletes and essential meet personnel will be permitted on deck.</p> <p>This meet will be conducted using the Whistle command and No-Recall False Start procedures.</p> <p>Penalties will be imposed upon any swimmer when any coach, parent or swimmer enters any time other than the swimmer's best time for any event. Penalties may include fines or suspension.</p>
<p>SCORING & AWARDS</p>	<p>Medals to top three and ribbons to fourth through eighth. Awards are based on times achieved at this meet.</p>
<p>PROGRAMS & ADMISSION</p>	<p>Admission: \$1.00 per spectator; Children under 5 yrs. admitted free. Volunteer workers admitted free.</p> <p>Programs \$2.00</p>
<p>RESULTS</p>	<p>Results will be posted on the Middle Atlantic website www.maswim.org and on the EMAC website www.emacswim.org</p>
<p>DIRECTIONS</p>	<p>From South or North – N.E. Extension of the turnpike to the Lehigh Valley exit, Route 22 East or West to 309 South to Cedar Crest Blvd. Turn right at bottom of ramp; stay on Cedar Crest approx. 4 miles, high school football stadium will be on left, turn left onto North St. Use entrance located near the tennis courts, the words "Sports Center" are directly above these doors.</p>
<p>ACCOMODATIONS</p>	<p>Holiday Inn Express 3620 Hamilton Blvd. Allentown, PA 610-437-9255</p> <p>Comfort Suites 3712 Hamilton Blvd.</p> <p>Allentown PA 610-437-9100</p>

13TH ANNUAL FALL SPRINT MEET - 10/11/2003
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SATURDAY - OCTOBER 11, 2003
Event List-By Event Number

Event # Event Name

- 1 Girls 15 & Over 50 Freestyle
- 2 Boys 15 & Over 50 Freestyle
- 3 Girls 13-14 50 Freestyle
- 4 Boys 13-14 50 Freestyle
- 5 Girls 11-12 50 Freestyle
- 6 Boys 11-12 50 Freestyle
- 7 Girls 9-10 50 Freestyle
- 8 Boys 9-10 50 Freestyle
- 9 Girls 15 & Over 50 Backstroke
- 10 Boys 15 & Over 50 Backstroke
- 11 Girls 13-14 50 Backstroke
- 12 Boys 13-14 50 Backstroke
- 13 Girls 11-12 50 Backstroke
- 14 Boys 11-12 50 Backstroke
- 15 Girls 9-10 50 Backstroke
- 16 Boys 9-10 50 Backstroke
- 17 Girls 15 & Over 50 Breaststroke
- 18 Boys 15 & Over 50 Breaststroke
- 19 Girls 13-14 50 Breaststroke
- 20 Boys 13-14 50 Breaststroke
- 21 Girls 11-12 50 Breaststroke
- 22 Boys 11-12 50 Breaststroke
- 23 Girls 9-10 50 Breaststroke
- 24 Boys 9-10 50 Breaststroke
- 25 Girls 15 & Over 50 Butterfly
- 26 Boys 15 & Over 50 Butterfly
- 27 Girls 13-14 50 Butterfly
- 28 Boys 13-14 50 Butterfly
- 29 Girls 11-12 50 Butterfly
- 30 Boys 11-12 50 Butterfly
- 31 Girls 9-10 50 Butterfly
- 32 Boys 9-10 50 Butterfly
- 33 Girls 15 & Over 100 IM
- 34 Boys 15 & Over 100 IM
- 35 Girls 13-14 100 IM
- 36 Boys 13-14 100 IM
- 37 Girls 11-12 100 IM
- 38 Boys 11-12 100 IM
- 39 Girls 9-10 100 IM
- 40 Boys 9-10 100 IM

**Emmaus Aquatic Club
Meet Entry Summary Sheet
13th Annual Fall Sprint Meet
This form must accompany all entries!**

Team Name: _____ Team Code: _____

Head Coach: _____

Telephone: _____

Fax: _____ E-mail: _____

_____ Girls Individual Events @ \$3.00 \$ _____

_____ Boys Individual Events @ \$3.00 \$ _____

_____ Non-disk fee of \$5.00/swimmer \$ _____
(for 5 or more swimmers not entered on disk)

Total Entries _____

Total \$ _____

**Mail Entries To: EMAC
PO Box 3304
Allentown PA 18106-0304
610-965-5800**

Person to contact for questions concerning entries, fees, etc.:

Name: _____

Phone: _____

Fax: _____

E-mail: _____

