



# Middle Atlantic Short Course Zone Application

Entry Deadline – Friday, February 21, 2003

Name: \_\_\_\_\_ USS# \_\_\_\_\_ Phone \_\_\_\_\_ Male/Female (please circle)

Address \_\_\_\_\_ Club Code \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

**WHO:** Any MA/USA Swimming registered swimmer, who has participated in a minimum of three MA sanctioned swim meets in the current year or five in the last two years, may apply for consideration by completing this application. This application is for consideration only. Please be sure to list on the reverse side of this application the three meets you participated in the last three years, or five meets in two years. **Applications will NOT be valid without these meets listed.**

**WHAT:** The MA Winter Zone Team takes the top two swimmers in each event to compete against other LSC's in the entire Eastern Zone.

**WHEN:** The meet takes place on March 27-29, 2003. The team will meet at the *Holiday Inn Cherry Hill* (Team Hotel for 11 and over swimmers) on March 26, 2003 and should be picked up at GCIT at the conclusion of the meet on March 29, 2003. All swimmers (except 10 & Unders) will ride the bus to and from the pool, and to and from the hotel, as a team throughout the course of the meet. The 10 & Unders will travel to and from the meet with their parents and reside with their parents throughout the course of the meet. The hotel for 10 & Under swimmers and other parents will be the Quality Inn.

**CONSIDERATION TIMES:** All times from EVERY Middle Atlantic sanctioned meet will automatically be entered into the Zone Database. If you attend a meet outside the Middle Atlantic LSC, it will be the applicant's responsibility to have their coach e-mail the Zone Team Manager the official meet results. **Results will only be taken by e-mail!!!!** *Observed Y Championship Meets, High School District and State Championship* times will be accepted only if an Observed Meet application is on file in the MA office and if **YOU** submit official results signed by one of the observing officials to the Zone Team Manager

**WHERE:** The meet will take place at Gloucester County Institute of Technology (GCIT) in Sewell, New Jersey. The 11 & Over swimmers will stay with the team, the chaperones and coaches at the **Holiday Inn Cherry Hill** (Route 70 and Sayer Ave). The 10 & Under swimmers and their parents must reserve a room on their own from the MA block of rooms which has been blocked at the **Quality Inn Cherry Hill** (Route 38 west). Parents of 11 & over swimmers needing a room may reserve a room from a block of rooms at the Quality Inn (rate at the Quality Inn is \$95/night which includes breakfast). The phone number at the Quality Inn is (856) 235-6400. We have 30 rooms blocked for team parents and 10 and under swimmers. Parents of 11 and over swimmers will NOT be able to stay at the Holiday Inn.

**THE RULES:**

1. All 11 & Over qualifiers must reside with the team for the entire meet. This applies whether you qualify in one event or the maximum of six events. The drop off point is the Holiday Inn and the pick-up point is GCIT only.
2. All 10 & Under swimmers will ride to and from the meet with their parents, stay with their parents, eat with their parents, with the exception of the team dinner and team practice on Wednesday. In addition, all 10 & Unders chosen to swim in a relay, **MUST** participate in that relay. The 10's only need be in attendance for the individual events or relay events on a given day. Relay swimmers will be announced at the Wednesday evening team dinner.
3. Additional rules will be explained upon qualifying for the team.

**COST:** 10 & Unders pay \$100, which includes equipment and meet fees only.  
11 & Overs pay \$315, which includes bus transportation, lodging, food, equip.  
All fees are due and payable before boarding the bus for the meet.

**EQUIPMENT:** All swimmers will receive a complete equipment package, including a t-shirt, jacket, wind pants, shorts, backpack, swim suit (aquablade), swim cap, and knit cap. Please understand that the ordering of equipment is done prior to the zone team being selected and therefore, sizes cannot be guaranteed. We will do our best to try and accommodate each individual swimmer with his/her appropriate sizing.

**SIZING:** Wind pants \_\_\_\_\_ T-shirt \_\_\_\_\_ Jacket \_\_\_\_\_ Shorts \_\_\_\_\_ Suit size \_\_\_\_\_

I hereby certify that I understand the above information and will abide by the team rules if selected. I also certify that I have participated in 3 MA meets in this year, or 5 meets in the last two years. I also understand that I am responsible for submitting results that were not swum at sanctioned Middle Atlantic Meets..

Swimmer Signature: \_\_\_\_\_

These meet results should be e-mailed to to **G. Michael Gobrecht, database manager/zone team manager** at email: [database@maswim.org](mailto:database@maswim.org)



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## Participation in MA Meets

Please list the three or five meets in which you have participated. Your meets will be checked, so please double check your entries below.

<u>Meet Name</u>	<u>Meet Host</u>	<u>Meet Dates</u>
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1.

2.

3.

4.

5.

Mail this application with your \$5 processing fee to:

**Middle Atlantic Swimming, Inc.**

ATTN: 2003 Winter zones

2018 Naamans Road, Suite 3

Wilmington, DE 19810