PVS 2006 SHORT COURSE ZONE APPLICATION

APPLICATION DEADLINE IS TUESDAY, FEBRUARY 28, 2006

	Name	Age as of March 30, 2006					
		M F					
	Address	Gender					
Phone	Email	Club					
	Athlete's USA Swimming Regi	stration Number					
NOTE: Applica		ect USA Swimming registration Number					
	Coach's Name	Coach's Phone					
YES	YES NO If Yes, please complete Page 2 of this form.						
Swimmers with a Disability: Are you applying to be a member of the PVS Eastern Zone Team under provisions in the meet announcement pertaining to swimmers with a disability (see pages 5-6 of Meet Invitation)?							
Zone Top 10 Lists. I must have been pr	Event, time, name of meet and location	omaster from Non-PVS meets that are not on PVS on are required. Meet must be sanctioned or swimomit requests to add observed swims to the					
qualified for an indiv Spring Championshi	ridual event at any of the following ps (using the 18/U qualifying times), nd under athlete may not enter this	he or she has competed in an individual event or meets: USA Swimming Juniors, USA Swimming US Open, USA Swimming Nationals, or a Trials meet if he or she has participated in an individual					
	selected by the Zone Team coaching also be determined solely by the coa	g staff. The position in a relay and/or the strokes ching staff.					
	will be posted promptly upon receip ny application submitted.	t. Please wait at least one week before inquiring					
		ner selected for this team will be representing PVS, established by Potomac Valley Swimming.					
Sw	immer's Signature	Date					
Pa	arent's Signature	Date					
Mail completed application to: Paris Jacobs, 2314 Toddsbury Place, Reston, VA 20191 Direct your inquiries regarding team applications to Paris Jacobs at 571-238- pvszone@pvswim2.org							

Special Note: Late applications will be accepted from 15-18 year-old swimmers until the conclusion of the Finals session on March 9th and from 14/U swimmers until the conclusion of the Finals session on March 16th. Late applications must be accompanied by **a \$10 late payment fee payable to Potomac Valley Swimming** and are to be placed in the specially marked box located at the scratch table.

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

Name:	_ Club	LSC		
USA Swimming #:	_ Age first da	Age first day of 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	Entry Time	Seed With	Seed with	Seed with
	Description		Age Group	Different	Comparable
			(same age,	Distance	Time
			same	(same age,	(younger age,
			distance)	different	distance
				distance)	depends on
					entry time)