

**CARIFTA
SWIMMING CHAMPIONSHIPS
KINGSTON, JAMAICA, APRIL 3-6, 2010**



Synchronized Swimming Entry Form

Name of Federation: _____

Age Group: _____

EVENT		NAME	DATE OF BIRTH
Solo # 1	1		DD/ MM/ YYYY/
Solo # 2	1		DD/ MM/ YYYY/

EVENT		NAME	DATE OF BIRTH
Duet # 1	1		DD/ MM/ YYYY/
	2		DD/ MM/ YYYY/
	ALT		DD/ MM/ YYYY/
Duet # 2	1		DD/ MM/ YYYY/
	2		DD/ MM/ YYYY/
	ALT		DD/ MM/ YYYY/

EVENT		NAME	DATE OF BIRTH
Team	1		DD/ MM/ YYYY/
	2		DD/ MM/ YYYY/
	3		DD/ MM/ YYYY/
	4		DD/ MM/ YYYY/
	5		DD/ MM/ YYYY/
	6		DD/ MM/ YYYY/
	7		DD/ MM/ YYYY/
	8		DD/ MM/ YYYY/
	ALT		DD/ MM/ YYYY/

	TEAM OFFICIALS	POSITION
1		
2		

Approved: _____

Date: _____

Signature of Federation President or Secretary / Federation Stamp