

APPLICATION TO HOST ILLINOIS SWIMMING SANCTIONED EVENT

THIS FORM MUST BE FILLED OUT COMPLETELY PLEASE PRINT YOUR INFORMATION

DEADLINES FOR MEETS REQUIRING MEET ENTRY PACKETS: JANUARY 15 (LONG COURSE) JULY 15 (SHORT COURSE)
ANY MEET ENTRY PACKET NOT SUBMITTED WITHIN THE ABOVE DEADLINE IS SUBJECT TO A \$100.00 FINE.
ALL OPEN COMPETITION MEETS WILL BE PLACED ON THE SCHEDULE.

DATE (S) OF MEET: _____

HOST CLUB: _____ CLUB CODE: _____

PARTICIPATING TEAMS CLOSED COMPETITION ONLY: _____

MEET LOCATION: _____

ADDRESS: _____ CITY: _____

POOL DEPTH AT STARTING END: _____ FEET AUTOMATIC TIMING SYSTEM: YES NO

COMPUTER SOFTWARE TO BE USED: _____

COURSE CLASSIFICATION
 SHORT COURSE YARDS LONG COURSE METERS SHORT COURSE METERS
MEET CLASSIFICATION
 SANCTIONED APPROVED

 OPEN COMPETITION Novelty Open Classified _____ (specify A/B/ format)

 CLOSED COMPETITION Dual Time Trial Tri Meet Quad Meet Invitational Conference Champ. Meet
THE FOLLOWING POSITIONS MUST BE FILLED BY CURRENT USA SWIMMING NON-ATHLETE MEMBERS ONLY

MEET DIRECTOR(S): _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONES: (H) _____ (O) _____ FAX: _____ E-MAIL: _____

MEET REFEREE: _____ SAFETY COORDINATOR: _____

The undersigned certifies that the proposed facility meets all the requirements of Article 103 of USA Swimming Rules and Regulations for the requested season. In granting this sanction it is understood and agreed that USA Swimming, Inc. and Illinois Swimming, Inc. shall be free from any liabilities or claims for damages arising by reason of injuries to anyone during the conduct of the event.

AUTHORIZED CLUB REPRESENTATIVE: _____ DATE: _____

Please return this application by the appropriate deadline date along with your check for the proper amount payable to:

ILLINOIS SWIMMING, INC. PO BOX 877 AURORA, IL 60507 630/844-0476 FAX: 630/844-2289 E-MAIL: ilswimoffice@ameritech.net**SANCTIONS WILL NOT BE ISSUED WITHOUT PAYMENT, EVENT SCHEDULE AND/OR, MEET ENTRY PACKET**

FEES:	1 DAY MEET (1 -2 TEAMS) =	\$25.00	MULTI DAY MEET (1-4 TEAMS) =	\$100.00
	1 DAY MEET (3 -4 TEAMS) =	\$50.00	MULTIDAY MEET (OVER 4 TEAMS) =	\$200.00
	1 DAY MEET (OVER 4 TEAMS) =	\$100.00		

ILLINOIS
SWIMMING

OFFICE USE ONLY:
 FEE PAID: _____
 CHECK #; _____
 FINANCIAL: _____

SANCTION NUMBER _____