2025 Speedo SC Western Zone Senior Championships, April 2-5, 2025

THE ENTRY FORM BELOW NEEDS TO BE SENT TO Communications@sparkspiranhasaquatics.com by **THURSDAY**, **FEBRUARY 20**.

| Name of Swimmer | _ | | | | | | |
|----------------------------------|----------|----------------|--|--------------------|------|-------|-------------|
| Name of Parent Attend | ing _ | | | | | | |
| Cell phone(s) | _ | | | | | | |
| Events you wish to ente | er: | | | | | sn | Circle or |
| Wednesday, April 2 | | | | | | Bonus | type one |
| Event # | Even | nt Name | | Entry Time | | | (SCY / LCM) |
| Event # | Even | nt Name | | Entry Time | | | (SCY / LCM) |
| Event # | Even | nt Name | | _ Entry Time | | | (SCY / LCM) |
| Thursday, April 3 | | | | | | | |
| Event # | Even | nt Name | | Entry Time | | | (SCY / LCM) |
| Event # | Even | nt Name | | | | | (SCY / LCM) |
| Event # | Even | nt Name | | _ Entry Time | | | (SCY / LCM) |
| Friday, April 4 | | | | | | | |
| Event # | Even | nt Name | | Entry Time | | | (SCY / LCM) |
| Event # | | nt Name | | | | | (SCY / LCM) |
| Event # | Even | nt Name | | Entry Time | | | (SCY / LCM) |
| Saturday, April 5 | | | | | | | |
| Event # | Even | nt Name | | Entry Time | | | (SCY / LCM) |
| Event # | Even | nt Name | | Entry Time | | | (SCY / LCM) |
| Event # | Even | nt Name | | Entry Time | | | (SCY / LCM) |
| • | ded. U | p to 2 bo | day, 7 total for the meet. nus times can be entered | with qualifying ti | ime. | | |
| Fee's to be assessed | | | | | | | |
| SPA Travel Fee Pool Surcharge | \$ \$ | 55.00 40.00 | (per family) | | | | |
| # of Events x \$20.00 _ | | | (\$20.00 / event) | | | | |
| Total Due | | | : | | | | |

Relays may be put together by the coaches. Each relay, if your swimmer is in one, is \$10 each.