**OFFICIAL ENTRY FORM**

**2019 Minnesota Synchronized Swimming Invitational**

Please enter me in the 2019 Minnesota Synchronized Swimming Invitational in the event(s) checked below.   Make checks and money orders payable to Minnesota Synchronized Swimming Coaches.

The entry fee in the amount is enclosed.  $6.50 $7.25 $8.25 $9.50 (**Circle one**)

EXHIBITION FIGURES

 Level B - FIGURES ONLY, NO ROUTINE \_\_\_\_\_

 Level A - FIGURES ONLY, NO ROUTINE \_\_\_\_\_

ROUTINE DIVISION

 **Short Division:** Solo \_\_\_\_\_ Duet \_\_\_\_\_

 Trio \_\_\_\_\_ Team \_\_\_\_

Has this competitor ever placed in the top 7 in the Short division?   **YES** **NO**

Has this competitor ever placed in the top 7 in the long or extended division?   **YES** **NO**

**Long Division:** Solo \_\_\_\_\_ Duet \_\_\_\_\_

 Trio \_\_\_\_\_ Team \_\_\_\_

Has this competitor ever placed in the top 7 in the long division in the category in which she is entered? **YES NO**

Has this competitor ever placed in the top 3 in the extended division in the category in which she in entered? **YES NO**

**Extended Division:** Solo \_\_\_\_\_ Duet \_\_\_\_\_

 Trio \_\_\_\_\_ Team \_\_\_\_

NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   REPRESENTING \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CITY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   ZIP \_\_\_\_\_\_\_\_\_\_

AGE \_\_\_\_\_\_\_\_\_\_ GRADE \_\_\_\_\_\_\_\_\_\_

Upon signing below, in consideration of acceptance of my entry, I, intending to be legally bound, hereby, for myself, my heirs, executors, and administrators, waive, and release any and all rights and claims for damage I may have against Minnesota State High School Synchronized Swimming Coaches Association and Rochester Recreation Center, and their successors and assigns for any and all injuries suffered by me at this meet.

SIGNATURE OF COMPETITOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_

PARENT OR GUARDIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE\_\_\_\_\_\_\_\_\_\_\_\_