



# 2006 AAU Junior Olympic Games Swimming

## INDIVIDUAL ATHLETE ENTRY FORM



### INSTRUCTIONS

- 1) Read all entry information and instructions before completing this document.
- 2) All entry information for your completion is on the reverse side of this form.
- 3) Complete all areas on the reverse side of this form and provide all requested information.  
**Failure to complete all areas of this form will delay the processing of your entry.**
- 4) Be sure to sign and date the Athlete Waiver/Release form.

**ENTRY DEADLINE:** Received by Friday, July 7, 2006. **Late entries will not be accepted!**  
**Guaranteed overnight delivery is highly recommended to meet deadline date!**

**SEND:** 1) Swimming Individual Athlete Entry Form signed and completed,  
2) Correct Entry Fee of \$42.00, and  
3) Signed Athlete Waiver/Release Form.

**ENTRY FEE:** \$42.00 per athlete

All fees are non-refundable. No personal checks accepted.

Please send money orders or certified checks **ONLY** made payable to:  
**2006 AAU Junior Olympic Games.**

***Mailing Address:***

**2006 AAU Junior Olympic Games**  
Attn: Swimming  
222 Central Park Avenue, Suite 1010  
Virginia Beach, VA 23462

**LATE ENTRIES WILL NOT BE ACCEPTED BEYOND THE DEADLINE DATE**



You have approval to make additional copies of this form as needed.

**Thank you for supporting the AAU National Sponsors.**



2006 AAU Junior Olympic Games  
**Swimming**  
INDIVIDUAL ATHLETE ENTRY FORM



**COMPLETE ALL AREAS BEFORE SUBMITTING**

Athlete's First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address (Apartment/Building/Unit)
<input type="text"/>

City	State	Zip Code	Home Phone Number including Area Code
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Sex (M/F)	Date of Birth (Mo/Day/Year)	Age	AAU Membership Number	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Parent/Coaches First Name	MI	Last Name
<input type="text"/>	<input type="text"/>	<input type="text"/>

Home Phone Number including Area Code	Work Phone Number including Area Code	E-mail Address
<input type="text"/>	<input type="text"/>	<input type="text"/>

Hotel: \_\_\_\_\_ City: \_\_\_\_\_

TEAM NAME (if applicable): \_\_\_\_\_

**EVENT INFORMATION**

- Athlete's age on the first day of competition shall determine the division of the competitor.
- Entry limit of three (3) individual events per day, exclusive of relays.
- NOTE: All Relay events will be registered as deck entries!
- Please enter all events with qualifying times that you will be competing in. (See Meet Schedule for Event #'s)

**COMPETITOR'S AGE GROUP**

- ☐ 10 & UNDER
- ☐ 11 - 12
- ☐ 13 - 14
- ☐ 15 - 18

	First Day		Second Day		Third Day		Fourth Day	
Event Type	Event #	Qualifying Time	Event #	Qualifying Time	Event #	Qualifying Time	Event #	Qualifying Time
Individual								
Individual								
Individual								

SEE FRONT OF FORM FOR ALL INSTRUCTIONS  
LATE ENTRIES WILL NOT BE ACCEPTED BEYOND THE DEADLINE DATE

**FOR OFFICIAL USE ONLY**

☐ ENTRY FORM COMPLETED    ☐ CORRECT FEE PAID    ☐ ATHLETE'S WAIVER/RELEASE AND AGREEMENT TO PARTICIPATE FORM

You have approval to make additional copies of this form as needed.