

FOREIGN FEDERATION ENTRY FORM – 13-15

Must be completed by all foreign federations. Written approval from your federation MUST accompany this entry. Please contact USA Synchro immediately if you need visa support. Email completed entry forms to finance@usasynchro.org.

NAME OF TEAM/FEDERATION _____
 NAME OF HEAD COACH/OFFICIAL _____
 ADDRESS _____
 PHONE – HOME _____ WORK: _____ MOBILE: _____
 FAX: _____ EMAIL: _____

NAME OF CHAMPIONSHIP: _____

Please complete one form each for 13-15, Junior, Senior, Free Combination or Highlight Routine entries. Please check final meet announcement for the specific events allowed. Please also complete Housing/Transportation Form.

Select one: National Team Entry Club Entry

Event	Names	Date of Birth	Music
SOLO	NAME	1.	
DUET	NAMES	1.	
		2.	
	RESERVE		
TEAM	NAMES	1.	
		2.	
		3.	
		4.	
		5.	
		6.	
		7.	
		8.	
	RESERVE		
	RESERVE		
FREE COMBO	NAMES	1.	
		2.	
		3.	
		4.	
		5.	
		6.	
		7.	
		8.	
	9.		
	10.		
RESERVE			
RESERVE			

SPONSOR FEE: # of Competitors entered (incl. reserves/alternates) _____ x \$30 Total Sponsor Fee = \$ _____

Make check payable to: USA Synchro (fee will be transferred to the local sponsor)

Mail check to: USA Synchro, 1 Olympic Plaza, Colorado Springs, CO 80909, USA

NOTICE: Please also complete Housing/Transportation Form.

FOREIGN FEDERATION ENTRY FORM – JUNIOR

Must be completed by all foreign federations. Written approval from your federation **MUST** accompany this entry. Please contact USA Synchro immediately if you need visa support. Email completed entry forms to finance@usasynchro.org.

NAME OF TEAM/FEDERATION _____
 NAME OF HEAD COACH/OFFICIAL _____
 ADDRESS _____
 PHONE – HOME _____ WORK: _____ MOBILE: _____
 FAX: _____ EMAIL: _____

NAME OF CHAMPIONSHIP: _____

Please complete one form each for 13-15, Junior, Senior, Free Combination or Highlight Routine entries. Please check final meet announcement for the specific events allowed. Please also complete Housing/Transportation Form.

Select one: National Team Entry Club Entry

Event	Names	Date of Birth	Music
SOLO	NAME	1.	
		2.	
		3.	
DUET	NAMES	1.	
		2.	
	RESERVE	1.	
		2.	
	RESERVE	1.	
		2.	
TEAM	NAMES	1.	
		2.	
		3.	
		4.	
		5.	
		6.	
		7.	
		8.	
	RESERVE		
	RESERVE		

SPONSOR FEE: # of Competitors entered (incl. reserves/alternates) _____ x \$30 Total Sponsor Fee = \$ _____

Make check payable to: USA Synchro (fee will be transferred to the local sponsor)

Mail check to: USA Synchro, 1 Olympic Plaza, Colorado Springs, CO 80909, USA

NOTICE: Please also complete Housing/Transportation Form.

FOREIGN FEDERATION ENTRY FORM – SENIOR

Must be completed by all foreign federations. Written approval from your federation **MUST** accompany this entry. Please contact USA Synchro immediately if you need visa support. Email completed entry forms to finance@usasynchro.org.

NAME OF TEAM/FEDERATION _____
 NAME OF HEAD COACH/OFFICIAL _____
 ADDRESS _____
 PHONE – HOME _____ WORK: _____ MOBILE: _____
 FAX: _____ EMAIL: _____

NAME OF CHAMPIONSHIP: _____

Please complete one form each for 13-15, Junior, Senior, Free Combination or Highlight Routine entries. Please also complete one form each for Technical and Free Routines. Please check final meet announcement for the specific events allowed. Please also complete Housing/Transportation Form.

Select one: National Team Entry Club Entry

Event	Names	1.	2.	Date of Birth	Music
SOLO	NAME	1.			
		2.			
DUET	NAMES	1.			
		2.			
	RESERVE				
	NAMES	1.			
MIXED DUET	NAMES	1.			
		2.			
	RESERVE				
	NAMES	1.			
TEAM	NAMES	1.			
		2.			
		3.			
		4.			
		5.			
		6.			
		7.			
		8.			
RESERVE					
RESERVE					

SPONSOR FEE: # of Competitors entered (incl. reserves/alternates) _____ x \$30 Total Sponsor Fee = \$ _____

Make check payable to: USA Synchro (fee will be transferred to the local sponsor).

Mail check to: USA Synchro, 1 Olympic Plaza, Colorado Springs, CO 80909, USA

NOTICE: Please also complete Housing/Transportation Form.

FOREIGN FEDERATION ENTRY FORM – FREE COMBINATION AND HIGHLIGHT

Must be completed by all foreign federations. Written approval from your federation **MUST** accompany this entry. Please contact USA Synchro immediately if you need visa support. Email completed entry forms to finance@usasynchro.org.

NAME OF TEAM/FEDERATION _____
 NAME OF HEAD COACH/OFFICIAL _____
 ADDRESS _____
 PHONE – HOME _____ WORK: _____ MOBILE: _____
 FAX: _____ EMAIL: _____

NAME OF CHAMPIONSHIP: _____

Please complete one form for each Free Combination or Highlight Routine entry. Please check final meet announcement for the specific events allowed. Please also complete Housing/Transportation Form.

Select one: National Team Entry Club Entry

Event	Names	Names	Date of Birth	Music
FREE COMBO	NAMES	1.		
		2.		
		3.		
		4.		
		5.		
		6.		
		7.		
		8.		
		9.		
		10.		
	RESERVE			
	RESERVE			

Event	Names	Names	Date of Birth	Music
HIGHLIGHT	NAMES	1.		
		2.		
		3.		
		4.		
		5.		
		6.		
		7.		
		8.		
		9.		
		10.		
	RESERVE			
	RESERVE			

SPONSOR FEE: # of competitors entered (incl. reserves/alternates) _____ x \$30 Total Sponsor Fee = \$ _____

Note: This fee is for athletes not already entered in 13-15, Junior or Senior competition – **Combo and Highlight only swimmers.**

Make check payable to: USA Synchro (fee will be transferred to the local sponsor)

Mail check to: USA Synchro, 1 Olympic Plaza, Colorado Springs, CO 80909, USA

NOTICE: Please also complete Housing/Transportation Form.

FOREIGN FEDERATIONS HOUSING AND TRANSPORTATION INFORMATION

