

WEST SHORE YMCA SWIMMING PRESENTS
2007 CPAL BILL SCHMIDT MEMORIAL ALL STAR CHAMPIONSHIP MEET
Sunday, February 18, 2007

Coaches and Volunteers Sheet Submit this form to mike@wsyswim.org or fax (717 728-3561) by **Sat. Feb. 10, 2007.**

Team Information:

Team Name: _____ Abbreviation: _____
 Daytime phone _____
 Evening phone _____

Contact : Name and Address of the person to receive ALL communication

Head Coach _____ Head Coach Email: _____
 Team Contact _____ Team Contact Email: _____
 Contact Cell # _____

Coaches Attending: Only Coaches listed below will have credentials to get pool deck access

Name _____
 Name _____
 Name _____
 Name _____

Timers: Division 5A/4A/3A teams: 2 timers per session if more than 2 swimmers qualify.
 Other Divisions: 1 timer per session if 1 swimmer qualifies.

Name – Phone Number
AM
AM
PM
PM

Stroke and Turn Officials: 1 from each team per session with a qualifying swimmer

Name - - Phone Number
AM
PM

Only the names listed on this sheet will be given FREE Admission and Heat Sheet

Name of person completing this sheet: _____