



**Middle Atlantic Short Course Zone Swimmer Application  
Entry Deadline – March 1, 2005**

Name: \_\_\_\_\_ USS#: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Male/Female: \_\_\_\_\_ Club Code: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Age At Zones: \_\_\_\_\_

**WHO:** The Middle Atlantic Winter Zone Team takes the top two Middle Atlantic swimmers in each event to compete against the other LSC's in the entire Eastern zone. To participate, you must be a Middle Atlantic USA registered swimmer. If this is your first year as a registered Middle Atlantic swimmer, you're required to have participated in a minimum of three Middle Atlantic sanctioned swim meets in the current year. If you have been MA registered for more than one year you are required to participate in at least five Middle Atlantic sanctioned meets in the last two years. Swimmers who have competed in an individual event at any Sectional meet are no longer eligible to compete on the zone team. In addition, any swimmer 13 or older who has achieved a Senior National, Junior National or Eastern Zone Sectional qualifying time in an individual event but has not competed in any individual events at any of these meets may be on the zone team but isn't able to compete in that event at zones. Any swimmer 12 or younger who has achieved a Senior National, Junior National or Eastern Zone Sectional qualifying time in an individual event but has not competed in any individual events at these meets may be on the zone team and may swim that event at zones.

Please be sure to list the meets in which you have participated or your application will **NOT** be valid. It's important to understand this is an application for consideration only. It's not a guarantee that you will be selected for the zone team.

**WHEN:** The meet takes place on March 30-April 2, 2005. The team will stay at The Holiday Inn Select, Bridgeport, NJ. All swimmers with the exception of the 10 & Unders will ride the bus to and from the pool, and to and from the hotel as a team throughout the course of the meet. The 10 & Unders will travel to and from the meet with their parents and reside with their parents throughout the course of the meet. The hotel for the 10 & Under swimmers and all parents will be the Fairfield Inn, Deptford, NJ.

**WHERE:** The meet will take place at GCIT, Sewell, NJ. The 11 & Over swimmers will stay with the team, the chaperones and coaches at the team hotel. The 10 & Under swimmers will reside with their parents at their residence or reserve a room through the Zone Manager at the 10 & Under hotel the Fairfield Inn, Deptford, NJ. Parents of 11 & Over swimmers needing a room from the MA block may do this by e-mailing the Zone Manager at [monique.s.termin.ce7g@statefarm.com](mailto:monique.s.termin.ce7g@statefarm.com).

**CONSIDERATION TIMES:** All times from EVERY Middle Atlantic sanctioned meet will automatically be entered into the Zone Database. If you attend a meet outside the Middle Atlantic LSC or if it is an observed meet within the LSC, it will be the **APPLICANT'S** responsibility to send proof of time from the USA swimming website using the SWIMS database. These times should be submitted to the zone manager when they are achieved, but absolutely no later than Tuesday, March 8, 2005.

**THE RULES:**

- All 11 & Over qualifiers must ride the bus with the team to and from the meet and reside with the team for the entire meet. This applies whether you qualified in one event or the maximum of six events.
- All 10 & Under swimmers will ride to and from the meet with their parents, stay with their parents and eat with their parents, with the exception of the team dinner and team practice on Wednesday. In addition, all 10 & Unders chosen to swim in a relay, **MUST** participate in that relay. The 10's are required to be in attendance the entire duration of the meet.
- Additional rules will be explained upon qualifying for the team or you may get more information on the zone team policy from the Middle Atlantic website Zone Page.

**COST:** 10 & Unders pay \$100.00, which includes equipment, team dinner and meet fees.  
11 & Overs pay \$400.00, which includes transportation, lodging, food, equipment and meet fees.

All fees are due and payable at the time of equipment pick up.

**EQUIPMENT:** All swimmers will receive a complete equipment package including a t-shirt, jacket, sweatshirt, aqua blade swim suit and swim cap. Male swimmers get a drag suit and female swimmers get flannel pants. Please understand that the ordering of the equipment is done prior to the zone team being selected and therefore sizes cannot be guaranteed. We will do our best to try and accommodate each individual swimmer with his/her appropriate size.

**SIZING:** Identify in the space provided S, M, L or XL. All equipment is in adult sizing.

T-Shirt \_\_\_\_ Sweatshirt \_\_\_\_ Jacket \_\_\_\_ Suit Size \_\_\_\_ M/F Drag Suit \_\_\_\_ Flannel Pants \_\_\_\_

**OPTIONAL EQUIPMENT:** This year we are offering T-shirt for parents. We are hoping our parents will show their support for the team by wearing their MA Swimming t-shirts in the stands. We also have available Speedo backpacks.

If you'd like to reserve your T-shirt or backpack please identify size (M, L or XL) and quantity below. This is first come first serve.

T-shirt	\$ 11.00	Quantity ____	Size ____
Backpack (New Style)	\$ 35.00	Quantity ____	

I here by certify that I understand the above information and will abide by the team rules if selected. I also certify that I have participated in the appropriate number of MA meets in the preceding year or years. I also understand that I am responsible for submitting results that were not swum at sanctioned Middle Atlantic meets.

Swimmer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Any questions should be e-mailed to the Zone Manager at [monique.s.termin.ce7g@statefarm.com](mailto:monique.s.termin.ce7g@statefarm.com)

Please list the three or five meets in which you have participated. Your meets will be checked, so please double check your entries.

	Meet Name	Meet Host	Meet Dates
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Mail this application with your **\$5.00 processing fee** to:

Middle Atlantic Swimming, Inc.  
**Attn: 2005 Winter Zones**  
2018 Naamans Road, Suite 3  
Wilmington, DE 19810