

MARYLAND SWIMMING, INC.
MEET EXPENSE ACCOUNTING FORM
SHORT FORM FOR APPROVED MEETS
(TO BE USED WHEN NO WAIVERS OF FEES ARE REQUESTED)

MEET NAME: _____

DATE OF MEET: _____

HOST CLUB: _____

LOCATION: _____ PHONE #: _____

ENTRY FEE RECAP:

INDIVIDUAL SPLASHES _____

x \$.50 _____

TOTAL SPLASH FEES: \$ _____

TOTAL SPLASH FEES

FEES DUE MARYLAND SWIMMING:

TOTAL SPLASH FEES: \$ _____

SANCTION FEE \$ _____

\$2 LSC Surcharge per USA Swimmer \$ _____

EQUIPMENT RENTAL CHARGE: \$ _____
(REFER TO MEET PROCEDURE BOOKLET)

TOTAL FEES DUE TO MARYLAND SWIMMING: \$ _____

This completed form is an accurate accounting for this meet.

This form was prepared by:

Print Name: _____ Signature: _____ Date: _____

Address: _____ Phone Number: _____

NOTE: See Section VII of the Maryland Swimming Meet Procedure Handbook for the additional information that must be submitted with this form.

Mail : This Form, Check and Meet Sessions Sheets to:
MARYLAND SWIMMING
PO BOX 255
SHREWSBURY, PA 17361

Email all results to both:
fredmanning@comcast.net
office@mdswim.org