

# SHO'MEN INVITATIONAL

## Saturday, July 13, 2024

Location: Casey Swim Center  
Washington College  
Chestertown, MD 21620  
410-778-7241

Eligibility: This meet is open to swimmer representing DSA teams. Swimmers ages will be computed based on their age as of May 31, 2024. A swimmer has the option of moving up an age bracket if an event is not offered for their age group. Swimmers may participate in a maximum of 4 events. The age brackets are different from the DSA meets and are as follows:

Ages 7 and under  
8 and 9  
10 and 11  
12 and 13  
14 and 15  
16 and over

Awards: Medals will be awarded for 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> place. Two color ribbons will be awarded for 4<sup>th</sup> through 8<sup>th</sup> place. All awards can be picked up by coaches at the conclusion of the meet. The Ann Dyke Trophy will be presented to the individual who sets the most new meet records. In the case of a tie, the winner will be the swimmer who breaks the existing meet records by the greatest amount of combined time.

Entry fee: \$5.00 per event

Entry deadline: All entries must be received by Kim Lessard by :  
thursday July 5, 2024. Deck entries will not be accepted.++++ PLEASE SEND ME AN  
EMAIL NOT ATTACHED WITH THE ENTRIES TELLING ME YOU ARE  
SENDING THEM.++++ It's a good double check for us. One team entries were blocked  
in email, and they did not send a check so we had no idea they were attending!

Entry procedures: Each team must submit all entries in hytek format to Kim Lessard via  
the email address listed below. All seed times must be specified in yards. Please enter  
NT if no time is available. If an entry time cannot be read, swimmers will be seeded in  
the slowest heat. There are no exceptions or adjustments on the day of the meet. Each  
parent must also complete and sign the Parental Authorization form. Entries should be  
sent, with one check per team, payable to Sho'men Aquatics, to the following address:

Kim Lessard  
Washington College  
300 Washington Avenue  
Chestertown, MD 21620  
klessard2@washcoll.edu

# SHO'MEN INVITATIONAL SESSION 1

## Order of Events

Warm-ups at 8:00 a.m.

Meet begins at 8:30 a.m.

Girls event #	Age	Boys event #	Event Name
1	16 and over	2	100 yard Butterfly
3	14-15	4	100 yard Butterfly
5	12-13	6	100 yard Butterfly
7	16 and over	8	100 yard Backstroke
9	14-15	10	100 yard Backstroke
11	12-13	12	100 yard Backstroke
13	16 and over	14	100 yard Breaststroke
15	14-15	16	100 yard Breaststroke
17	12-13	18	100 yard Breaststroke
19	16 and over	20	100 yard Freestyle
21	14-15	22	100 yard Freestyle
23	12-13	24	100 yard Freestyle
25	16 and over	26	200 yard IM
27	14-15	28	200 yard IM
29	12-13	30	200 yard IM

## SESSION 2

Warmups 11:00am

Meet begins 11:30am

Girls event #		Boys event #	
31	10-11	32	50 fly
33	7-9	34	50 fly
35	10-11	36	50 back
37	8-9	38	50 back
39	7&under	40	50 back
41	10-11	42	50 breast
43	8-9	44	50 breast
45	7&under	46	50 breast
47	10-11	48	100 free
49	8-9	50	50 free
51	7&under	52	50 free
53	10-11	54	100IM
55	7-9	56	100IM

**SHO'MEN INVITATIONAL  
Computer Entry Sheet**

**Last Name** \_\_\_\_\_

**First Name** \_\_\_\_\_

**Team Abbreviation** \_\_\_\_\_

**Boy                  Girl                  (Circle One)**

**Birth date: Month** \_\_\_\_\_ **/day** \_\_\_\_\_ **/year** \_\_\_\_\_

**Age** \_\_\_\_\_

<b>Event Number</b>	<b>Seed Time</b>	<b>Event Name</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PARENTAL AUTHORIZATION**

In consideration of your acceptance of this entry, I hereby for heirs, my assignees, and myself waive any and all claims for damages, which I might have against Sho'men Aquatics, Washington College, their agents or representatives for any and all injuries suffered by me in or at the Sho'men Invitational Swim Meet.

**Swimmers Name** \_\_\_\_\_

**Parent or Guardian Signature** \_\_\_\_\_

**Address** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **Team** \_\_\_\_\_

(Entry form may be copied)

**PERMISSION SLIPS AND TEAM SUMMARY PAGE MUST BE SENT WITH**

