



## Appendix B

# Club Information Sheet

This document must be submitted to Swim Ontario at [meetentries@swimontario.com](mailto:meetentries@swimontario.com) or fax 416-426-7356 with entries  
Entries will not be accepted until received by Swim Ontario.

**Club** \_\_\_\_\_

**Club Mailing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Postal Code** \_\_\_\_\_

**Entries Contact Person** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Head Coach** \_\_\_\_\_

**Phone Number** \_\_\_\_\_ **E-mail** \_\_\_\_\_

### Coaches Attending the Meet

\_\_\_\_\_ **NCCP#** \_\_\_\_\_

\_\_\_\_\_ **NCCP#** \_\_\_\_\_

\_\_\_\_\_ **NCCP#** \_\_\_\_\_

\_\_\_\_\_ **NCCP#** \_\_\_\_\_

\_\_\_\_\_ **NCCP#** \_\_\_\_\_

\_\_\_\_\_ **NCCP#** \_\_\_\_\_

**Chaperones(s)** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_

**Hotel** \_\_\_\_\_