|  |  |
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|  | **20**20 **OFSAA Swim Championships****School Entry Summary Form**SUBMIT TO YOUR ASSOCIATION CONVENOR (Candy Adam) |

# **School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# **School Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Phone #**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Email Address**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|  | **Quantity** | **Total** |
| **Individual Team Entry (School fee)** | **1 X $30** | **$30.00** |
| **Total # of Individual Entries** | **X $12** |  |
| **Total # of Relays** | **X $20** |  |
| **OFSAA Participant Fee (Total # of participants including alternates)** | **X $3** |  |
| **Grand Total** |  |

**CHEQUES MADE PAYABLE TO HHSS AND MAILED TO**

**Candy Adam**

**1825 Strasburg Rd**

**Kitchener, ON**

**N2R 1S3**