MHSAA State Championship Swim Meet Payment Form

Please bring this form with you along with payment when you check in.
Please complete the summary and return with check payable to Tupelo High School Athletics.

School Name: _____

School Address: _____

_____Zip Code_____

Class 1: _____ Class 2: _____ Class 3: _____

Coach: _____ Cell #: _____

Email: _____

Coach: _____ Cell #: _____

Email: _____

Coach: _____ Cell#: _____

Email: _____ Cell #: _____

Total # of Swimmers _____ x $10.00 = _____

Check # _____

Contact person other than a coach: _____
Cell #: _____ Email: _____

Hotel: _____ # of Rooms _____# of Nights_____
(to include Coaches and Athletes)

On behalf of the listed competitors, families, and schools, I understand and agree the Tupelo Aquatic Center and staff, City of Tupelo and its representatives, and the Tupelo Public School District shall be free of any liabilities of claims for damages arising by any reason of injuries to anyone during travel to and from or during the conduct of this meet and have made each listed aware of these conditions and expressly agree to waive any claim as a condition of begin allowed to enter this meet.

Signature of Coach/Official: _____Date _____

Printed name of Coach/Official: _____