

BOZEMAN TEDDY BEAR CLASSIC

December 13 & 14, 2008

USA Swimming Approved Meet
Approval # 0723

The Bozeman Swim Club cordially invites you to the 23rd annual Teddy Bear Classic Swim Meet.

Meet Director Cindy Smith (H) (406) 556-1855, cinsmith19@msn.com

Meet Referee Larry Johnson (H) (406) 763-4697, (W) (406) 388-6623

Location Montana State University pool at the corner of Grant and 11th Avenue

Pool Indoor 25 yard, 8 lanes, Colorado Automatic Timing System.

Schedule

Saturday	Warm – Ups:	8:30 – 9:00 am (11 and Over)
		9:00 – 9:30 am (10 and Under)
	Meet:	9:45 am
Sunday	Warm – Ups:	7:30 – 8:00 am (11 and Over)
		8:00 – 8:30 am (10 and Under)
	Meet:	8:45 am

There will be a 15-minute warm up prior to the start of the 400 Free on Saturday.

Entry Fees An entry fee of \$15.00 plus \$2.00 per event will be charged. There will be a charge of \$5.00 per relay team. Make checks payable to the **Bozeman Swim Club**. *No entries will be accepted without payment of fees. There will be no refunds.*

Entry Deadline All entries must be received in Bozeman no later than Wednesday, December 3, 2008. Mail entries to: **Bozeman Swim Club**
P.O. Box 804
Bozeman, MT 59771
Entries must be made through the swimmer's club with a team check. Unattached swimmers may make direct entries. Phone entries will be accepted until 9:00 p.m. Thursday December 4th. Phone individual entries to Cindy Smith at 556-1855. ***Phone entries for entire teams will not be accepted.***

Rules 2008 USA Swimming Rules and Montana Swimming Rules will govern the meet.

Age Groups 8&U, 9-10, 11-12, 13-14, 15-16, 17-18 and 19 & Over. All combined events will be awarded and scored separately by age group. Age on December 13th shall determine the swimmer's age for the meet.

Eligibility Open to all swimmers who are currently registered with USA Swimming, the foreign equivalent or US Masters Swimming (USMS). Masters swimmers are welcome and encouraged to compete.

Limitations Each swimmer may compete in a maximum of four (4) individual events per day and one relay. The meet limit is a total of seven (7) individual events.

Entries All entries may be submitted by e-mail (preferred), on a 3.5" Hy-Tek formatted disk or on the enclosed master sheet. For accuracy electronic entry is preferred. E-mail address is: bozemanbarracudas@yahoo.com. If sending a disk, be sure to include a printed copy. Also complete and return the Accounting Sheet with your entries (enclosed in the entry packet).

Relays Relay entries may be submitted on the Relay Entry Sheet provided in the packet. All relays may be mixed age and gender.

Seeding	Each swimmer will be seeded according to submitted times in meters and age group. <i>The 500 Free AND 400 IM will be seeded fastest to slowest. All relays will be mixed – women and men.</i> No Time (NT) entries will be accepted.
Format	All events will be timed finals.
Clerk of Course	There will be no Clerk of Course. Heat and Lane assignments will appear in the program. Swimmers are responsible for taking their position behind the blocks.
Timing	A Colorado electronic timing system will be used along with backup timers. Each club will be responsible for providing at least two (2) timers at all times. A sign-up sheet will be posted at the meet. Swimmers entered in the 500 Free and 400IM must provide their own counters and timers.
Scoring	Individual: 20-17-16-15-14-13-12-11-9-7-6-5-4-3-2-1 Relays: No points will be given for relays.
Awards	Overall Teddy Bear awards will be given to the top sixteen boy and girl swimmers in each age group ages 14 and under, and to the top eight boys and top eight girls in the 15-16 and 17-18 age groups.
Concessions	Concessions will be available each day. <i>Absolutely no glass containers are allowed in the locker rooms or deck areas.</i>
Meetings	If necessary a coach's meeting will be announced. An Official's meeting will be held each day during the warm-ups.
Final Results	Results will be sent to the teams within ten (10) days after the meet. Anyone wishing results to be sent on computer disk must furnish their own 3.5" disk. All others wanting results should give their name, address and \$4.00 at the swim shop.
Seating	There will be limited viewing in the pool area. The gymnasium will be available for families to use.

Relay Entry Sheet

Event: _____ Event No. _____ Age Group: _____

Time: _____

Event: _____ Event No. _____ Age Group: _____

Time: _____

Event: _____ Event No. _____ Age Group: _____

Time: _____

Event: _____ Event No. _____ Age Group: _____

Time: _____

Event: _____ Event No. _____ Age Group: _____

Time: _____

2008 Teddy Bear Classic

Bozeman Swim Team
P.O. Box 804
Bozeman, MT 59771

Please enclose this accounting sheet with your entries.

Team: _____ Coach: _____

Phone: _____

Number of swimmers _____ X \$15.00= \$ _____

Number of events _____ X \$ 2.00= \$ _____

Number of relays _____ X \$ 5.00= \$ _____

TOTAL \$ _____

Name, address and phone number of person who may be contacted concerning these entries:

Name: _____

Address: _____

City: _____ State: _____ Zip _____

Phone: _____

I am enclosing one team check in the amount of the total shown above that covers the entry fees for all of our swimmers.

WAIVER

In consideration of the acceptance of this entry, I/we, the undersigned parent, guardian, or coach hereby, for ourselves, our heirs, administrators, assigns, release and forever discharge any and all right and claims for damages I/we may have against the Bozeman Barracuda Swim Club, Montana Swimming, USA Swimming, Montana State University, their agents, representatives, successors or assigns for any or all injuries arising out of travel to and from, or participating in said meet. It is agreed that the team shall be responsible for any damages caused to facilities or equipment by any members of the team.

Signature of Club Official Date

Montana Swimming -- USA Swimming Registration Confirmation

We hereby submit our team's entry sheets and fees for your upcoming meet and verify that the below named coaches will be in attendance. These coaches are current in all the requirements set forth by USA Swimming: Red Cross Safety Training for Swim Coaches or Lifeguard Training, First Aid and CPR.

Coach's Name: _____

Coach's Name: _____

We further verify that all our entered swimmers are registered athlete members of USA-Swimming or the FINA equivalent for the current year.

Signature: _____

Name: _____

Club Position Or Title: _____

E-mail address of team representative: _____

SATURDAY, DECEMBER 13

GIRLS			BOYS	
EVENT #	AGE	EVENT	AGE	EVENT #
1	10 & U	50 BACK	10 & U	2
3	11 & O	50 BACK	11 & O	4
5	10 & U	100 FREE	10 & U	6
7	11 & O	100 FREE	11 & O	8
9	10 & U	100 FLY	10 & U	10
11	11 & O	100 FLY	11 & O	12
13	10 & U	100 BREAST	10 & U	14
15	11 & O	100 BREAST	11 & O	16
17	10 & U	200 IM	10 & U	18
19	11 & O	200 IM	11 & O	20
21	9 & O	500 FREE	9 & O	22

SUNDAY, DECEMBER 14

GIRLS			BOYS	
EVENT #	AGE	EVENT	AGE	EVENT #
23	11 & O	400 IM	11 & O	24
25	10 & U	50 FREE	10 & U	26
27	11 & O	50 FREE	11 & O	28
29	10 & U	50 FLY	10 & U	30
31	11 & O	50 FLY	11 & O	32
33	10 & U	100 BACK	10 & U	34
35	11 & O	100 BACK	11 & O	36
37	10 & U	50 BREAST	10 & U	38
39	11 & O	50 BREAST	11 & O	40
41	10 & U	200 FREE	10 & U	42
43	11 & O	200 FREE	11 & O	44
45	10 & U	200 FREE RELAY	10 & U	
46	11 & O	200 FREE RELAY	11 & O	

Master Entry Sheet

Club: _____ Age Group _____ Coach: _____
 Contact: _____ Phone: _____

Name USA #	Age	Event #	Event #	Event #	Event #	Event #	Event #	Event #	Event #	Fees
	Sex	Time	Time	Time	Time	Time	Time	Time	Time	
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Swimmers this sheet	X \$ 15.00=	\$ _____
Events this sheet	X \$ 2.00=	\$ _____
Total \$ this sheet		\$ _____

Tally