



**Broward County South Sizzler  
Friday February 12<sup>th</sup>, 2010**

- SANCTIONED BY:** Florida Gold Coast Swimming, Sanction # 021210-BS
- SPONSERED BY:** Fort Lauderdale Aquatics & The City of Fort Lauderdale
- TIME:** Warm-Up: 5:00pm Start of Competition: 5:30pm
- LOCATION:** Fort Lauderdale Aquatic Complex, 501 Seabreeze Blvd, Fort Lauderdale.  
From the North or South: Take I-95 or the Turnpike to I-595 east. Exit to US-1 North. Go North on US-1 to SE 17<sup>th</sup> Street. Turn right (east) and follow SE 17<sup>th</sup> Street past Port Everglades, over the Intercoastal Bridge, through the residential section to (which will become A1A) Hall of Fame Drive. Turn left one block to the Complex.
- POOL COURSE:** 8-Lane, 25 yard course. Continuous warm-up will be available.  
The competition course has been certified in accordance with section 104.2.2C(4) of the USA Swimming Rule Book. A copy of such certification is on file with USA Swimming.
- TIMING:** Colorado Timing System will be used.
- ELIGIBILITY:** Open to all 2010 USA Swimming registered athletes in Broward County. Swimmers with a disability are welcome to enter this meet. The coach or entry chairperson must alert the meet director as to the need for any special accommodations or seeding arrangements at the time the entry is submitted.
- ENTRIES:** Electronic Entries – Entries will be accepted via electronic mail attachment to the Meet Director at [lmcluckie@FLAswim.com](mailto:lmcluckie@FLAswim.com) or via mailed 1.44mb disk. Entries must be in “Zipped COMMLINK” or USA Swimming SDIF format. Free text e-mail entries will not be accepted. For e-mail and disk entries – RELAY ONLY swimmers must be pre-loaded into relays or be annotated as relay only in the body of the email. List swimmer, sex, age and USS#. Event # not required. List all attending coaches and contact phone numbers in the body of the email. Corrupted, unreadable or incorrectly formatted files must be corrected within 24 hours of entry deadline. Errors in entries submitted electronically are the responsibility of the applicant. Electronic mail confirmation will be sent within 48 hours after receipt of the file. All entry fees must be paid before the start of the first event. NOTE: swimmers without proper USA Registration numbers will not be entered. Submission of electronic entries signifies that all swimmers entered are currently registered with USA Swimming.



- SEEDING:** THE FGC DECK SEED POLICY WILL BE IN EFFECT  
Policy can be seen at [www.fgsswim.org](http://www.fgsswim.org)
- ENTRY LIMIT:** 4 Individual events and 1 Relay event per swimmer.
- ENTRY FEES:** \$9.00 flat fee per swimmer, please make check payable to FLA.
- DEADLINE:** All entries must be received by Wednesday, February 3rd  
Email entries to [lmcluckie@FLAswim.com](mailto:lmcluckie@FLAswim.com)  
Disks & Checks to: FLA, 501 Seabreeze Blvd, Fort Lauderdale, FL 33316
- AWARDS:** Individual Events – Ribbons 1<sup>st</sup>-8<sup>th</sup>  
Relay Events – Ribbons 1<sup>st</sup>-3<sup>rd</sup>
- RULES:** Current USA Swimming Rules and Florida Gold Coast Rules will govern this meet.  
Safety rules as outlined by USA Swimming as recommended by the Referee will be in effect.
- ADMISSION:** \$3.00 (includes heat sheet)
- PARKING:** Parking is available at the Aquatic Complex for \$1.00 per hour and at other lots near the facility.
- INFORMATION:** FLA Office: (954) 468-5590 or [lmcluckie@FLAswim.com](mailto:lmcluckie@FLAswim.com)
- REFEREE:** Ed Webb

**ORDER OF EVENTS**

<b><u>EVENT #</u></b>	<b><u>EVENT</u></b>	<b><u>AGE GROUP</u></b>
1-2	25 Fly	6 & Under
3-4	25 Fly	7-8
5-6	25 Back	6 & Under
7-8	25 Back	7-8
9-10	25 Breast	6 & Under
11-12	25 Breast	7-8
13-14	25 Free	6 & Under
15-16	25 Free	7-8
17-18	100 Medley Relay	8 & Under

***MEET MANAGEMENT RESERVES THE RIGHT TO ADJUST LOGISTICS IN ORDER TO RUN AN EFFICIENT MEET***



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**Financial Recap and Team Information**

**TEAM NAME:** \_\_\_\_\_

**CALL LETTERS:** \_\_\_\_\_

**COACHES:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**Number of Swimmers entered** \_\_\_\_\_ **x \$9.00 =** \_\_\_\_\_

**Total Amount Due:** \_\_\_\_\_

**Please make checks payable to:**

**FLA  
501 Seabreeze Blvd  
Fort Lauderdale  
FL 33316**