



East Zone 13-15 Age Group Championship February 10-11, 2018



PRE-MEET ANNOUNCEMENT

SPONSORED BY Cambridge Synchro, Attleboro Y Lyonfish Synchronettes, and Wheaton College

MEET MANAGERS

Annie Dicaire adicaire@hotmail.com Cambridge Synchro (617)866-8305	Karen Sweetland Dion KarSweetla@aol.com Attleboro Y Lyonfish Synchronettes (508) 222-7699
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FACILITY: **Wheaton College;** Hass Athletic Center – Balfour Natatorium
26 East Main Street, Norton, MA 02766

POOL SPECS

Length: 40 meters with movable bulkhead (competition area 25 yards)
Width: 8 lanes
Depth: Entry 13ft, Midpoint 9ft, End of competition area 8ft
Entry: Deep end, starting blocks and two diving boards
Deck space: Entry end 14'8", Opp. End 4' Bulkhead, Side 1: 5'2", Side 2: 9'9"
Spectator seating: Balcony area seating 350 people

ELIGIBILITY

1. Must be a registered USSS athlete.
2. Open to ALL athletes between the ages of 13-15

EVENTS

Solo, Duet, Mixed Duet, Team, Combo and Figures
(**Note:** Athletes can compete in Duet, or Mixed Duet, but not both.)

TENTATIVE SCHEDULE

Detailed tentative schedule will be produced based on the pre-meet entries received after pre-meet entry deadline.
Saturday, February 10th Order of Events: Figures (everyone does figures), Preliminaries (Duet, Solo, Team)
Sunday, February 11th Order of Events: Finals (Mixed Duet, Duet, Solo, Team, Combo), Awards

AIRPORTS

T.F. Green Airport (PRV), Warwick, RI (30 miles)
Logan Int'l Airport (BOS), Boston, MA (40 miles)

HOST HOTELS

The Inn at Sharon/Foxboro 395 Old Post Road Sharon, MA 02067	(781) 784-1000 Rate: \$105 per night + 11.7% tax Check-in: 3pm, Check out: 11am
Holiday Inn Mansfield 31 Hampshire Street Mansfield, MA 02048	(508) 339-2200 Rate: \$119 per night + 9.7% tax (Breakfast included)



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All Clubs and officials interested in attending should complete the information requested and return the form by December 31, 2017 so the appropriate plans can be made. Please send completed Pre-Meet Entry Form to both:

Annie Dicaire
adicaire@hotmail.com

Svetlana Malinovskaya
optimasynchro@gmail.com

PRE-MEET ENTRY FORM

NAME OF TEAM _____

NAME OF HEAD COACH/OFFICIAL _____

CONTACT PERSON _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE - HOME _____ CELL _____

FAX _____ EMAIL _____

Please indicate the number of routines you plan to bring in each category:

Event	Solo	Duet	Mixed Duet	Team	Combo
13-15 AG					

Please indicate the total number of individuals participating in the following areas:

1. Athletes attending _____
2. Coaches attending _____
3. Judges attending AND available _____
4. Chaperones attending _____

Please return completed form by December 31, 2017 to:

Annie Dicaire adicaire@hotmail.com AND Svetlana Malinovskaya optimasynchro@gmail.com

THIS FORM MUST BE RETURNED TO RECEIVE FINAL ENTRY MATERIAL