###### PRE-MEET ANNOUNCEMENT

**SPONSORED BY** Swimkins Synchronized Swimming Team

**MEET MANAGER**

Mary Ellen Wiegand Laura Ehrenreich

 21 Forest Lake 716 445 1767

 North Tonawanda, NY 14120 lmehrenreich@gmail.com

 716-695 6394 home716-440 8816 Cell

**FACILITY Maryvale High School**

1059 Maryvale Dr., Cheektowaga 14225

**POOL SPECS** Length: 25 yards

 Width: 8 lanes

 Depth: 13feet -5 feet

 Balcony on right side of deep end

**ELIGIBILITY** Open to all Intermediates, 12&Under Age Group, 13-15 Age Group, 16&Over Age Group with exceptions of over qualifications listed below.

 **Novice (Routine Only) are also invited!!**

**Over qualifications:** Any swimmer who participated in the East Zone 13-15 AG Championships and/or the East Zone Junior/Senior Championships is overqualified for Invitational in that event only.

**EVENTS** Novice: Solo, Duet, Trio, Team

Intermediate: Solo, Duet, Mixed Duet, Trio, Team, Figures

12&Under Age Group: Solo, Duet, Mixed Duet, Team, Figures

13-15 Age Group: Solo, Duet, Mixed Duet, Team, Figures

16&Over Open: Solo, Duet, Mixed Duet, Team

 **\***Detailed schedule will be based on pre-meet numbers. The order and days of events may change depending on numbers!

**Saturday March 17:**

Figures, Solos, Duets, Mixed Duets and possible Trios.

**Sunday March 18:**

Teams, Awards

**AIRPORTS** Buffalo/Niagara International Airport, 2 miles from pool, across street from hotels

**HOST HOTEL: HOST HOTELS**

**Buffalo Lodging Associates Hotel group-** **Teams please call Karissa Clancy716 566 5115 or email kclancy@buffalolodging.com** with the hotel that you are requesting and the number of rooms that the team needs. Colleen will let the clubs know if the requested hotel has rooms available and walk them through the booking process.

 All room rates are $109.00 and some include a hot breakfast. All hotels are 5 minutes

 from pool. Hotel Cut off date **March 1** You will need to send a Team rooming list.

 If you are cancelling the **total** block you must do it 15 days before event. Normal

 room cancellation is 72 hours before check in check in date.

 \* Please give code: East Zone Invitational

 **Hilton Garden Inn Airport** **Courtyard by Marriott Airport**

 4201 Genesee St. Cheektowaga 14225 4243 Genesee St. Cheektowaga 14225

 716 565 0040 716 633 2700 across street from

 \*$6.95 Discounted breakfast buffet Buffalo airport

 price per person

**Fairfield Inn and Suites by Marriott** **Hampton Inn Walden Galeria**

4271 Genesee Street Cheektowaga 14225 1745 Walden Ave Cheektowaga 14225

\*\*\* Hot breakfast buffet included \*\*\*Hot breakfast buffet included

716 633 2488 716 894 8000

 **Home 2 Suites by Hilton Airport**

 1745 Walden Ave. Cheektowaga 14225

 \*\*\*Hot breakfast buffet included

 716 240 2700

**If you have a problem booking rooms please call Mary Ellen Wiegand 716 695 6394** for help.

All Clubs and officials interested in attending should complete the information requested and return the form no later than **January 15, 2018** so the appropriate plans can be made.

**Please send completed Pre-Meet Entry Form to both:**

Mary Ellen Wiegand Svetlana Malinovskaya

maryewiegand@verizon.net optimasynchro@gmail.com

Note: In an effort to regulate meet size (not too big, not too small) PRE-MEET entries are required. Meet hosts in consultation with the Tech Chair, may close entries to one meet if a maximum meet size (approximately 180 total swimmers) is reached.

**PRE-MEET ENTRY FORM**

**NAME OF TEAM\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NAME OF HEAD COACH/OFFICIAL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**CONTACT PERSON\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

**CITY\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_STATE\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PHONE - HOME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_WORK \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_- \_\_\_\_\_\_\_\_\_\_**

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| EVENT | Int. 10&U | Int. 11/12 | Int. 13-15 | Int. 16&O | AG 12&U | AG 13-15 | AG 16&O |
| **Figures** |  |  |  |  |  |  |  |
| **SOLO** |  |  |  |  |  |  |  |
| **DUET** |  |  |  |  |  |  |  |
| **Mixed DUET** |  |  |  |  |  |  |  |
| **TRIO** |  |  |  |  |  |  |  |
| **TEAM** |  |  |  |  |  |  |  |

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 January 15, 2017 to:**

Mary Ellen Wiegand maryewiegand@verizon.net AND Svetlana Malinovskaya optimasynchro@gmail.com