

# 43<sup>rd</sup> Annual Howard County Invitational Swim Meet



**Roger Carter Recreation Center**  
**July 18, 2010**



**IMPORTANT INFORMATION:**

**WARM-UPS: 8AM**  
**MEET STARTS: 9AM**  
**COST: \$5 PER EVENT**  
**COMPETE IN UP TO 4 EVENTS**

**AGE DETERMINATION DATE:**

Participants' age is determined by how old they will be on July 18, 2010

To Register:

- Phone: 410-313-7275 M-F, 8am-4:30pm
- Online: [www.howardcountymd.gov/RAP](http://www.howardcountymd.gov/RAP)
- In Person/Mail:
  - HCRP Headquarters M-F, 8am-4:30pm
  - 7120 Oakland Mills Road
  - Columbia, MD 21046
  - or
  - RCRC M-F, 8am-4:30pm
  - 3676 Fels Lane
  - Ellicott City, MD 21046

Make checks payable to Director of Finance

<b>Ages 8 &amp; under (RP4006)</b> 100 I.M. Boys (860), Girls (859) 25 FREE Boys (835), Girls (806) 25 BACK Boys (841), Girls (812) 25 FLY Boys (847), Girls (818) 25 BREAST Boys (853), Girls (824)	<b>Ages 11-12 (RP4006)</b> 100 I.M. Boys (831), Girls (802) 50 FREE Boys (837), Girls (808) 50 BACK Boys (843), Girls (814) 50 FLY Boys (849), Girls (820) 50 BREAST Boys (855), Girls (826)	<b>Ages 15-18 (RP4006)</b> 100 I.M. Boys (833), Girls (804) 100 FREE Boys (839), Girls (810) 50 BACK Boys (845), Girls (816) 50 FLY Boys (851), Girls (822) 50 BREAST Boys (857), Girls (828)
--	--	---

<b>Ages 9-10 (RP4006)</b> 100 I.M. Boys (830), Girls (801) 50 FREE Boys (836), Girls (807) 25 BACK Boys (842), Girls (813) 25 FLY Boys (848), Girls (819) 25 BREAST Boys (854), Girls (825)	<b>Ages 13-14 (RP4006)</b> 100 I.M. Boys (832), Girls (803) 100 FREE Boys (838), Girls (809) 50 BACK Boys (844), Girls (815) 50 FLY Boys (850), Girls (821) 50 BREAST Boys (856), Girls (827)	<b>Ages 19 &amp; over (RP4006)</b> 100 I.M. Men (834), Women (805) 100 FREE Men (840), Women (811) 50 BACK Men (846), Women (817) 50 FLY Men (852), Women (823) 50 BREAST Men (858), Women (829)
---	---	--

**43rd Howard County Invitational Swim Meet - July 18, 2010 - Course # 4006**

# of Events (max 4)

---

Course and Section Numbers Fee Enclosed

---

Name of Registrant Date of Birth Male Female Email address

---

Home Phone Cell Phone Work Phone

---

Street Address City/State Zip

---

Health problems Special Accommodations needed

---

**Credit Card Payment:** OMasterCard OVisa ODiscover OAMEX Card #  /  /  Exp.  /

---

Signature of cardholder Date Print Name

---

Office Use: Date rec'd Amt. rec'd Initials