17th ANNUAL LAKE ERIE OPEN WATER SWIM Sponsored by O*H*I*O* Masters Swim Club featuring: USMS 1 Mile Open Water Championship

and

2 Mile Open Water Race

Saturday, July 29, 2006, Edgewater State Park, Cleveland, Ohio

SANCTIONED BY: Lake Erie LMSC for USMS Inc. Sanction #18-072906-OWS.

MEET INFORMATION

EVENTS

O*H*I*O Masters Swim Club will offer 1 mile and 2 mile swims on a 1/2 mile course in Lake Erie. Direction will be counter-clockwise putting the centerline of the course on the swimmers' left. The start will be in the water. The finish will be on the beach.

SCHEDULE

Registration/Check-in	6:45 am - 7:45 am
Pre-race Instructions	7:45 am
First Heat Start	8:00 am
Awards Ceremony and Soci	al following the compl

Awards Ceremony and Social following the completion of both races. There is no additional charge for the social.

LOCATION

Edgewater State Park, located approximately 2 miles west of downtown Cleveland off Route 2, the Memorial Shoreway.

ELIGIBILITY

USMS registration is required of all participants. A photocopy of the swimmer's current registration must be submitted with the official entry form. A One Event USMS Registration is available for an additional fee of \$10.00 and must be submitted at the time of entry. One Day Registrants are not eligible for USMS All American recognition.

ENTRY FEES

For entries received by June 30, 2006, the entry fee is \$25.00 per individual entrant. For those entries received after June 30th but by the July 22nd deadline, the entry fee is \$35.00 per individual entrant. All entries will receive a t-shirt. Entry fees are nonrefundable. *THERE WILL BE NO RACE DAY ENTRIES!*

SAFETY

All swimmers must wear the cap provided at check-in and have their race number put on their arm. Lifeguards, kayaks and safety boats will monitor the race course. Anticipated water temperature will be between 72-76 degrees. A 90 minute time limit will be in effect for these races.

DEADLINE

Entries must be received by the Race Director Tom Spence by Saturday, July 22, 2006. THERE WILL BE NO RACE DAY ENTRIES.

<u>RULES</u>

Current 2006 USMS rules will govern this event. Swimmers choosing to wear a wet suit in the race will not be eligible for awards or official placing in the results.

<u>SHIRTS</u>

T-shirts will be given to each entrant as a benefit of entry. Shirts will be available in S, M, L, XL, and XXL. Additional shirts will be sold for \$15 on race day.

AWARDS

Awards will be given to the first six places of each age group for each event. Age groups will be 18-24, 25-29, 30-34.. (5 year increments as high as necessary). All first place finishers in the USMS Championship 1-Mile Event will receive a USMS Championship patch and will become USMS Open Water All-America Swimmers for 2006.

UNDER-AGE ENTRIES

Adults who wish to swim with their children who are between the ages of 14 to 17 and who are registered USAS swimmers should contact Tom Spence at 216-299-3858 or *Talltom13@msn.com*.

CHARITY FUND RAISER

Proceeds from this event support the Northern Ohio Breast Cancer Coalition Fund (www.NOBCC.org) (Tax ID# 34-1933082). Donation forms are available upon request from the race director. Any monies collected and submitted will count toward your entry fee. Pledges exceeding \$100 will earn a sweatshirt with the event logo. Pledges exceeding \$200 will also earn an event towel.

FOR MORE INFORMATION

Contact Race Director Tom Spence at (216) 299-3858 or via e-mail at: *Talltom13@msn.com*. Please no phone calls after 9:00 pm EST.

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NAME	USMS#				
ADDRESS	CLUB NAME:				
CITY	STATEZIP CLUB ABBR:				
DATE OF BIRTH	AGE GENDER: CIRCLE MALE FEMALE				
PHONE (home):	e-mail				
	So we can acknowledge receipt of your registration form				
Emergency Contact:	Phone:				

USMS RELEASE: "I, the undersigned participant, intending to be legally bound, hereby certify that I am physically fit and have not been otherwise informed by a physician. I acknowledge that I am aware of all the risks inherent in Masters Swimming (training and competition), including possible permanent disability or death, and agree to assume all of those risks. AS A CONDITION OF MY PARTICIPATION IN THE MASTERS SWIMMING PROGRAM OR ANY ACTIVITIES INCIDENT THERETO, I HEREBY WAIVE ANY AND ALL RIGHTS TO CLAIMS FOR LOSS OR DAMAGES, INCLUDING ALL CLAIMS FOR LOSS OR DAMAGES CAUSED BY THE NEGLIGENCE, ACTIVE OR PASSIVE, OF THE FOLLOWING: UNITED STATES MASTERS SWIMMING, INC., THE LOCAL MASTERS SWIMMING COMMITTEES, THE CLUBS, HOST FACILITIES, MEET SPONSORS, MEET COMMITTEES, OR ANY INDIVIDUALS OFFICIATING AT THE MEETS OR SUPERVISING SUCH ACTIVITIES. In addition, I agree to abide by and be governed by the rules of USMS. Finally, I specifically acknowledge that I am aware of all the risks inherent in open water swimming and agree to assume those risks."

SIGNATURE _____

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YOUR ENTRY MUST INCLUDE YOUR USMS CARD OR PROOF OF MEMBERSHIP IN ANOTHER RECOGNIZED MASTERS SWIMMING ORGANIZATION.

ENTRY FEES: (MAKE CHECKS PAYABLE				
TO OHIO MASTERS SWIM CLUB)	MAIL TO:			
\$25.00 (if received by June 30)	TOM SPENCE			
\$35.00 (July 1 to July 22)	TOW STEACE			
SMLXL orXXL (T-Shirt size)	PO BOX 304			
\$10.00 one day USMS registration	BURTON, OHIO 44021			
\$ TOTAL ENCLOSED WITH ENTRY	(216) 200 2858 (CELL)			
Circle Which Race You Will Swim:	(216) 299-3858 (CELL)			
2 MILE RACE 1 MILE RACE	Talltom13@msn.com			

Motel information is available at the Convention and Visitors Bureau of Greater Cleveland website: www.travelcleveland.com

YOUR COMPLETED ENTRY FORM AND FEES MUST BE RECEIVED BY JULY 22, 2006.

EDGEWATER STATE PARK CLEVELAND, OHIO SATURDAY, JULY 29, 2006 8:00 A.M. **TO BENEFIT THE NORTHERN OHIO BREAST CANCER COALITION FUND -**WWW.NOBCC.ORG

Sponsored by O*H*I*O Masters Swim Club

Lake Erie Open Water Swim

Burton, Ohio 44021 PO BOX 304 O*H*I*O Masters Swim Club

NORTHERN OHIO **BREAST CANCER COALITION FUND**

The Northern Ohio Breast Cancer Coaliton Fund was founded by breast cancer survivors, health care professionals and concerned others to assist those living with breast cancer (www.NOBCC.com).

Lake Erie Open Water Swim Sponsored by O*H*I*O Masters Swim Club July 29, 2006

DONATION SHEET

Name_____Phone (h) _____e-mail_____

Address City State Zip

DONOR'S NAME	AMOUNT	DONOR'S NAME	AMOUNT
		TOTAL	

PROCEEDS BENEFIT THE NORTHERN OHIO BREAST CANCER COALITION FUND

- Return this form with your paid donations and entry by 7-22-2006
- Additional donations may be turned in on 7-29-2006 to qualify for fund-raising awards
- The top three fund-raisers will receive special prizes
- Raise \$100.00 and receive a race sweatshirt
- Raise \$200.00 and receive the sweatshirt and an event towel

Please make checks payable to the: NOBCCF (Tax ID # 34-1933082)