

2011 East Zone Age Group & Intermediate Championships

June 3, 4 & 5 2010
Phoenixville, PA

PRE-MEET ANNOUNCEMENT

MEET MANAGER Jennifer Hatt
1043 Stuart Dr., Pottstown, PA 19464
610-718-9884 • JenMacHatt@verizon.net

FACILITY Daniel J. Detwiler Phoenixville YMCA, 400 E. Pothouse Road, Phoenixville, PA 19460
Phone: (610)-933-5861

POOL SPECS Length: 25 meters
Width: 6 lanes
Depth: 10 feet – gradual slope to 5 feet; 3.5 feet at shallowest point
Entry: Deep end - spectator seating in balcony on right, starting blocks not removable

HOST HOTELS

| | |
|--|---|
| Closest hotel: Hampton Inn and Suites - Oakes 100 Cresson Boulevard Phoenixville, PA 19460 610-676-0900 \$99/night + tax complimentary hot & cold breakfast Group Name: FVS Synchro/East Champs Doubles 80790721 | Courtyard by Marriott Philadelphia Great Valley/Malvern, PA 280 Old Morehall Road Malvern PA 19355 US Phone: 1-610-993-2600 \$109/night + tax complimentary hot & cold breakfast Group Name: East Zone Synchro Reserve by 5/13/11 |
|--|---|

Mostly full - Courtyard by Marriott Collegeville, PA
600 Campus Drive · Collegeville, Pennsylvania 19426 USA
\$109/night + tax includes complimentary hot & cold breakfast
contact Group Sales: Jennifer Hynes, Direct: (484) 974-2606
jennifer.hynes@marriott.com
Reserve by 5/13/11

AIRPORT Philadelphia International Airport

GROUND All major rental car companies available.

PROGRAM Information will be in final meet announcement.

PLACES OF INTEREST Valley Forge National Park - <http://www.nps.gov/vafo/index.htm>
Philadelphia - <http://www.visitphilly.com/>

TENTATIVE SCHEDULE

Friday, June 3: 6pm All Int Solos & 10/u AG solos,

Saturday June 4 Int Duets & 10/u AG Duets Int Trios & 10/u AG Trios, Int Teams & 10/U AG Teams; Int and 12/U AG figures; (split test for 11/12 AG to determine All Star Team)13/15 AG Figures, **Awards for All Int & 10/U AG**

Sunday June 5: 11-12 and 13-15 Age Group routines (Trio, Duet, Solo, Team)
Awards for 11-12 and 13-15 Age Group

All clubs and officials interested in attending should complete the information requested and return the form to the Meet Manager by **April 11, 2011** so the appropriate plans can be made.

ONLY THOSE RETURNING THE COMPLETED FORM WILL RECEIVE THE FINAL MEET ANNOUNCEMENT

Rev. 3/31/11

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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. 13/19 | AG 10&U | AG 11/12 | AG 13/15 |
|-------------|-----------|------------|------------|---------|----------|----------|
| SOLO | | | | | | |
| 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 this completed form by April 11, 2011 to:

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