



2023 Alabama State Games Swimming Competition June 8, 2024

LOCATION: Birmingham CrossPlex Aquatic Center, 2331 Bessemer Rd, Birmingham, AL 35203

PHONE: (205) 279-8951 or (205) 279-8900

WEBSITE: <https://www.birminghamcrossplex.com/>

FACILITIES: Pool: 50 meter or 25 Yards, 10 lanes, with non-turbulence lane ropes. Water depth goes from 8 feet to 16 feet deep from both ends of the pool. Timing: Fully automatic Colorado system 6 electronic timing equipment.

Format: This will be a Short Course (yards) timed finals competition

TIMES:

All ages

Warmups: 8:30 am Meet Start: 10:00 am

Entry Deadline: Tuesday June 4, 2024 at 5:00 pm Central
A maximum of 4 entries per swimmer is allowed.

Medals will be awarded to the Top 3 in each event.

Event Registration and Payment at:

<https://event.racereach.com/alagames-swimming/register/>

Entry Fees: \$20 per swimmer payable by Credit Card when registering

Age on the day of the meet shall determine the swimmer's competition age group

MEET DIRECTOR/REFEREE: *Mandy Johnson*

Cell: (334) 444-4848

Email: mjohnson@opelika-al.gov

Crossplex Aquatics Director: *Murray Lewis*

Cell: (205) 370-9071

Email: murray.lewisjratbirminghamal.gov

ENTRIES: Coaches/Teams are urged to submit swimmer entries using HY-TEK's Team Manager or Meet Manager software. Meet file is on website, email completed file to mjohnson@opelika-al.gov Teams without Hy-tek software can email entries to Mandy Johnson mjohnson@opelika-al.gov
You must register and pay the fee online before submitting entries.

LATE ENTRIES: Late entries will not be accepted. Deadline is June 4th.

SEEDING: All events are timed finals and will be seeded according to all applicable USA Swimming rules. Seed times will be times entered in Hy-Tek. Meet Director reserves the right to combine events and put in breaks at appropriate times.

RULES:

18 and under: This will be a USA Swimming Approved meet. USA Swimming rules will govern. More information to be provided.

19 and over: This will be a US Masters Swimming Recognized meet and USMS rules will govern. More information to be provided.

Volunteers: Volunteers to assist with the meet (timing, clerical, etc.) are needed and greatly appreciated.

Event # Girls	Event	Event # Boys	Event # Women	Event	Event # Men
1	9-10 100 IM	2	59	19-29 200 IM	60
3	11-12 100 IM	4	61	30-49 200 IM	62
5	13-14 100 IM	6	63	50-69 200 IM	64
7	15-18 100 IM	8	65	70 & Over 200 IM	66
9	8 & Under 25 Breaststroke	10	67	19-29 100 Breaststroke	68
11	9-10 50 Breaststroke	12	69	30-49 100 Breaststroke	70
13	11-12 50 Breaststroke	14	71	50-69 100 Breaststroke	72
15	13-14 50 Breaststroke	16	73	70 & Over 100 Breaststroke	74
17	15-18 50 Breaststroke	18	75	19-29 50 Freestyle	76
19	8 & Under 25 Freestyle	20	77	30-49 50 Freestyle	78
21	9-10 50 Freestyle	22	79	50-69 50 Freestyle	80
23	11-12 50 Freestyle	24	81	70 & Over Freestyle	82
25	13-14 50 Freestyle	26	83	19-29 100 Backstroke	84
27	15-18 50 Freestyle	28	85	30-49 100 Backstroke	86
29	8 & Under 25 Backstroke	30	87	50-69 100 Backstroke	88
31	9-10 25 Backstroke	32	89	70 & Over 100 Backstroke	90
33	11-12 50 Backstroke	34	91	19-29 100 Freestyle	92
35	13-14 50 Backstroke	36	93	30-49 100 Freestyle	94
37	15-18 50 Backstroke	38	95	50-69 100 Freestyle	96
39	8 & Under 25 Butterfly	40	97	70 & Over 100 Freestyle	98
41	9-10 50 Butterfly	42	99	19-29 100 Butterfly	100
43	11-12 50 Butterfly	44	101	30-49 100 Butterfly	102
45	13-14 50 Butterfly	46	103	50-69 100 Butterfly	104
47	15-18 50 Butterfly	48	105	70 & Over 100 Butterfly	106
49	8 & Under 50 Freestyle	50	107	19-29 200 Freestyle	108
51	9-10 100 Freestyle	52	109	30-49 200 Freestyle	110
53	11-12 100 Freestyle	54	111	50-69 200 Freestyle	112
55	13-14 100 Freestyle	56	113	70 & Over 200 Freestyle	114
57	15-18 100 Freestyle	58			

Please use this form for **Swimmers Ages 19 & Over**

Times should be in **SHORT COURSE YARDS**

Email this form to mjohnson@opelika-al.gov

Deadline for entries June 4th

LAST NAME _____ FIRST NAME _____
 EMAIL _____
 POSTAL ADDRESS _____
 DAYTIME PHONE (____) _____ - _____ EVENING PHONE (____) _____ - _____
 BIRTHDATE _____ AGE AS OF 6/8/2024 _____

Are you a USMS member? YES _____ NO _____

IF YES, please provide the following information:

USMS REGISTRATION NUMBER _____

CLUB NAME _____ CLUB ABBREVIATION _____

Please duplicate as needed		EVENT #	EVENT NAME	BEST TIME	EVENT #	EVENT NAME	BEST TIME
NAME OF SWIMMER							
USS REGISTRATION NO.							
DATE OF BIRTH	SEX						
NAME OF SWIMMER							
USS REGISTRATION NO.							
DATE OF BIRTH	SEX						
NAME OF SWIMMER							
USS REGISTRATION NO.							
DATE OF BIRTH	SEX						