

BE AN ANIMAL!!!

2024 Oshkosh Animal Award Virtual Swim Meet

SPONSORED BY: The Oshkosh YMCA Workout Group of the WI Masters Aquatic Club

TIME: January 1, 2024 through January 31, 2024

LOCATION: Any local pool. SCY, SCM or LCM.

ELIGIBILITY: Open to all registered U.S. Masters Swimmers 18 years old or older. This event is **NOT** a sanctioned or recognized event. Times are not eligible for USMS Top 10 consideration. Times are not eligible for USMS or State records, All-American or All-Star consideration.

ENTRY FEE: \$38.00. Checks should be made payable to **OSHY Masters Swimming**. All proceeds will be given to the Oshkosh YMCA Age Group Dolphin Swim Team.

ENTRY DEADLINE: All entries must be received by **February 10, 2024**.

EVENT DIRECTOR: Melinda Mann, 2970 Waldwic Lane, Oshkosh, WI 54904. **Email:** melindajmann@yahoo.com **Home:** 920-233-0510 **Cell:** 920-420-4425

AWARDS: All swimmers who complete the Animal challenge will receive an embroidered towel in honor of their achievement. Awards will be mailed at the end of February 2024.

RULES: This event needs to be completed in a **3 hour time period**. Times can be recorded manually, electronically or with a smart watch. This event operates on the honor system. To earn the **ANIMAL AWARD**, a swimmer must finish **Option#1** or **Option#2**

Option#1: The 1000 freestyle, plus the choice of four of the following:

400 IM, 200IM, 200 Butterfly, 200 Breaststroke, 200 Backstroke or 200 Freestyle

OR

Option#2: The 400 IM, plus the choice of four of the following:

200 IM, 200 Butterfly, 200 Breaststroke, 200 Backstroke or 200 Freestyle

NOTE: Order of events is the swimmer's choice.

ANIMAL AWARD ENTRY FORM

Name: _____

Email address: _____

Phone Number: _____

Address: _____

Gender: ___ Male ___ Female **DOB:** _____

USMS Number: _____ **Club:** _____

Pool type: ___ SCY ___ SCM ___ LCM

Events:	Time:
1000 Freestyle	_____
400 IM	_____
200 IM	_____
200 Butterfly	_____
200 Breaststroke	_____
200 Backstroke	_____
200 Freestyle	_____

Events may be completed in any order.

Date event completed: _____

Mail completed entry form and \$38.00 check payable to OSHY Masters Swimming to:

Melinda Mann, 2970 Waldwic Lane, Oshkosh, WI 54904

I certify that I completed the Animal Challenge within the 3 hour time period as per the guidelines of this event.

Signature: _____ **Date:** _____