



**USA Junior Nationals 2010
Elite National Team Travel Meet**

What: USA Junior National Championships
Where: William Woolett, Jr. Aquatics Center
 4601 Walnut Ave.
 Irvine, CA 92620
Meet Dates: August 9-13, 2010
Travel Dates: August 8, 2010 depart KC
 August 14, 2010 depart Orange County, CA
Format/Hotel: TBD – TST will make arrangements

Tom Kleiboeker Itinerary for Nationals/Juniors – You are responsible for making your own flight.

Depart: KANSAS CITY INTL to ORANGE COUNTY CA (*Travel Time: 4 hrs 45 mins*)

Date	Flight	Routing Details
Mon Aug 02	# 0344	Depart KANSAS CITY INTL (MCI) at 7:40 AM Arrive in DENVER CO (DEN) at 8:25 AM
	# 1125	Change planes in DENVER CO (DEN) departing at 9:00 AM Arrive in ORANGE COUNTY CA (SNA) at 10:25 AM

Return: ORANGE COUNTY CA to KANSAS CITY INTL (*Travel Time: 6 hrs 10 mins*)

Date	Flight	Routing Details
Sat Aug 14	# 3274	Depart ORANGE COUNTY CA (SNA) at 12:05 PM Arrive in PHOENIX AZ (PHX) at 1:20 PM
	# 3008	Change planes in PHOENIX AZ (PHX) departing at 3:40 PM Arrive in KANSAS CITY INTL (MCI) at 8:15 PM

Junior National Qualifiers need to arrive in CA on Sunday August 8, first day of meet is August 9 – see meet information on website. Junior National Qualifiers need to depart CA on Saturday August 14 – see Flight and Routing Details for Coach Tom above.

Objectives:

- Take individual and relay qualifiers who have prepared to compete at a very high level with swimmers from throughout the USA.
- To determine which swimmers have the intention to progress towards high Senior Level performance.
- Begin to establish an environment and mindset of commitment to continuous improvement and excellence which will enhance the entire TST team and organization.

Additional Costs: \$20 per day for Refrigerator + Food + Miscellaneous
(Rental Car and lodging Costs will be invoiced after the meet ~200 per person)
Travel Fund is applicable and will be credited to account.

Current Qualifiers/Attendees: Coach Tom Kleiboeker 816 665-4891

Matthew Margritier Jason King Ty Fowler

Entry: To enter, must have at least [Junior National Time Standard](#) or needed for completion of relays. Coach Tom will submit entries online with USA Swimming.

Maximum Number of Events: 3 events per day (including time trials). Bonus swims are allowed (up to two per meet)

Time Trials: will be conducted on a time available basis each day.

Cost: \$15.00 per event, \$30.00 per relay, \$25.00 Coach's Fee National Event

Meet Format: Long Course Meters

Travel Dates: Junior National only qualifiers should travel August 7 or 8 to CA. Head Coach will arrive in CA on August 2 for Nationals and will make arrangements to pick up athletes on August 7 or 8. Swimmer should have 1 suit case and 1 carry-on. Remember to pack your swim suit, cap, and goggles in your carry-on bag, along with any other necessities you will need in case your luggage does not arrive on time. Families should meet their swimmers at Baggage Claims on Saturday August 14th at 8:15 pm. Please make all necessary adjustments/arrangements and arrive early.

Deadline to confirm: July 26th on website. Please send individual flight itinerary to Head Coach asap.
coachtmk@sbcglobal.net

Consent Form

[] I **WILL** attend Junior Nationals on August 9-13 and understand that lodging and van transportation will be booked based on number of participants who have confirmed. I am willing to share a room with another swimmer.

Swimmer Signature

Date

Parent/Guardian Signature

Date

Total Cost may slightly increase or decrease depending on the number of participants, rate changes, travel fund.

**Tsunami Swim Team
PARENT NOTIFICATION AND CONSENT FORM FOR TRAVEL TRIP**

Please complete this form and return to Coach:

I hereby give permission for my child: _____ to travel with the team to USA Junior Nationals in Irvine, CA on August 9-13, 2010. I understand that my child will travel with the team to and from the meet based on the itinerary provided. In granting this permission, I assume full responsibility for any damages to person or property caused by my child. I agree that if it is determined that my child needs medical or dental treatment, I will be responsible for such treatment determined necessary by a physician or dentist. In addition, I understand that by signing this consent form, all monies will be paid and there are no refunds or cancellations.

(Signature of Parent/Guardian) _____ Date: _____