



SPRING 2024 BUFF INVITE



**VETERANS MEMORIAL AQUATIC CENTER
MARCH 9-10, 2024**

Hosted by Colorado Swim & Dive

MEET INFORMATION PACKET

MEET ADMINISTRATION

Buff Invite VMAC - Spring 2024

March 9-10, 2024

Facility Address:

Veterans Memorial Aquatic Center
5310 E. 136th Avenue
Thornton, CO 80241

Facility

10 competition lanes, 25 yard pool
6 warm up/down lanes, 25 yard pool
Automatic timing system with touchpads
Track start blocks
Backup manual timers
1 meter and 3 meter springboards

Contacts:

Chloe Schmidt and Isabelle Hardie
Co - Presidents

chsc3469@colorado.edu, (651) 900 - 9496

isha7046@colorado.edu, (713) 283 - 8805

Kimberly Goodell and Martin Zamora
Head Swim Coach and Head Dive Coach
Kimberly.Goodell@colorado.edu, (925) 301 - 3338
Martin.Zamora@colorado.edu, (303) 304 - 5707

ORDER OF EVENTS

Session 1 - Saturday Prelims

Warmup 8:30am

Meet Start 9:30am

Women	Event	Men
1	200 Free Relay	2
3	200 IM	4
5	50 Fly	6
7	200 Breast	8
9	100 Back	10
11	500 Free	12
-----15 Minute Break-----		
13	50 Breast	14
15	200 Fly	16
17	100 Free	18
19	400 IM	20
21	50 Back	22
23	200 Free	24
-----15 Minute Break-----		
25	100 Fly	26
27	200 Back	28
29	50 Free	30
31	100 Breast	32
33	100 IM	34
35	400 Free Relay	36
37	1 Meter Diving	38

■ timed final event

Session 2 - Sunday Finals

Warmup 8:30am

Meet Start 10:00am

Women	Event	Men
39	400 Medley Relay	40
3	200 IM	4
5	50 Fly	6
9	100 Back	10
13	50 Breast	14
17	100 Free	18
21	50 Back	22
-----15 Minute Break-----		
41	200 Medley Relay	42
23	200 Free	24
25	100 Fly	26
29	50 Free	30
31	100 Breast	32
33	100 IM	34
43	200 Mixed Relay*	43
44	3 Meter Diving	45

*men & women combined freestyle event

Top **20** individuals will compete in finals. All relays have the ability to score.

MEET INFORMATION

Eligibility

Buff Invite is open to all college club collegiate teams (registration with College Club Swimming is highly encouraged). Entries will also be open to Masters age swimmers, USMS registered or not.

The length of the competition course is in compliance and on file with USMS in accordance with articles 105.1.7 and 107.2.1, but as a bulkhead course, is subject to length confirmation. Eligibility of times for USMS Top 10 and Records will be contingent on verification of bulkhead placement.

Entries

Athletes may enter up to four (4) individual events. There are no limits on the amount of relays an individual may swim. Teams may submit a maximum of 4 relays (A-D). The limit is a total of eight (8) combined events per individual.

Collegiate Teams:

- A Hy-Tek file will be provided in advance. Entries are due to swimdivecolorado@gmail.com due Monday, March 4th at 11:59pm.
- Entry fee is \$25 per swimmer or diver.

Masters Swimmers:

- Please submit the USMS event entry form along with a copy of your membership card, if you are currently USMS registered, to <http://www.comsa.org> by Monday, March 4th at 11:59pm.
- Entry fee is \$35 per master swimmer.

Entry Fees:

- Will be paid through an online portal. The link to this online portal will be sent out closer to the meet. Please contact us if your team is unable to pay through online entry. Payments are due by *Monday, March 11th at 11:59pm.*

Deck Entries:

- There will be no deck entries for this meet. All events will be scored as posted with no additional races.

Scratches:

- We are requesting all scratches to be submitted to the table within 30 minutes of the end of the prelims session on Saturday. This allows other swimmers the chance to fill empty lanes during finals.

Lodging

Below are several hotel options near VMAC. All are within a ten minute drive.

Holiday Inn Express & Suites Denver North - Thornton
Address: 12030 Grant Street, Thornton, CO 80241
Phone: (303) 452-0800

Quality Inn and Suites Denver North - Westminster
Address: 12085 Delaware Street, Westminster, CO 80234
Phone: (303) 452-5500

Hilton Garden Inn Thornton
Address: 14275 Lincoln Street, Thornton, CO 80023
Phone: (303) 255-1000

Trim around outside heavy line, fill out & fold in the middle

COLORADO LOCAL MASTERS SWIMMING COMMITTEE – CONSOLIDATED ENTRY CARD

Swimmer's Name _____ Age: _____ Male: _____ Female _____

USMS # _____ Birthdate / / _____ Phone () _____

Event #	FREE (Submitted Time)	Event #	BACK (Submitted Time)	Event #	BREAST (Submitted Time)	Event #	FLY (Submitted Time)	Event #	I.M. (Submitted Time)
	50 : .		50 : .		50 : .		50 : .		100 : .
	100 : .		100 : .		100 : .		100 : .		200 : .
	200 : .		200 : .		200 : .		200 : .		400 : .
	400/500 : .	MEET NAME & DATE: Spring 2024 Buff Invite CLUB IF NOT COLORADO: _____ TEAM NAME: _____				MEET FEES # of Events X \$ _____ = \$ _____ Surcharge = \$ _____ TOTAL = \$ 35.00			
	800/1000 : .								
	1500/1650 : .								
T-shirt Size (if applicable): S M L XL XXL		SIGNATURE REQUIRED ON BACK							

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PLEASE READ CAREFULLY: Late or incomplete entries (no fee, incomplete entry card, incomplete entry data, no copy of USMS Registration Card), or entries postmarked after the due date MAY BE REJECTED.

ALL Masters swimmers will be required to send a photocopy of their USMS Registration Card along with their entry card. ALL Masters swimmers may be asked to show their USMS card, if requested, at the meet. THERE WILL BE NO EXCEPTIONS.

"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 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."

Please Sign AND Date: _____

Street Address: _____

City, State, Zip: _____

Make checks payable to and mail to the address specified on the Meet Information Sheet.