

**SOUTHWEST OHIO SWIMMING AND DIVING  
OFFICIALS ASSOCIATION  
FRIENDS OF THE CLASSIC  
SPRINT CLINIC  
January 21, 2008**

**Featuring:**

**Sabir Muhammad**

- 10 time American Record Holder
- 2 time World Championship medalist
- 4 time US Open Champion
- 5 time World Cup Champion
- Diversity advocate

**Rowdy Gaines**

- 2 Time Olympian
- 3 Olympic Medals
- 2 time World Record Holder
- Olympic Hall of Fame
- International Swimming Hall of Fame
- World Swimmer of the Year '80 and '84
- NBC announcer for Olympic Games

**Dan Ketchum**

- Classic Alum
- 2004 Olympian
- Olympic Gold Medalist
- World Champion
- Pan-Am Games Champion
- NCAA Champion

**Keating Natatorium**

10:00 am to 11:00 Am clinic

11:30 Am to 12:30 pm

Autographs, pictures, PIZZA

***Cost: 13-18 year old participants \$25***

***Coaches and Parents \$10 (includes pizza)***

***Coaches and Parents, Clinic Only – no charge***

***Space will be limited to the first 100 13-18 year old registrants.***

**SPONSORS:**

**Friends of the Classic; The Bill Keating Family (Liz, Caroline, and Joe); Danielle, Amber, and Jared Miller; Whitney Myers, The Olson Family (David, Susan, Meredith, Karen); swimmeet.com; SWOSOA Officials**

R.S.V.P by December 22, 2007

Send check and registration form to:

Pat Lunsford

One Holyoke Court

Fairfield, OH 45014-5324

Phone 513-874-3209

E-mail: pat@wurkconcepts.com

SOUTHWEST OHIO SWIMMING AND DIVING OFFICIALS ASSOCIATION  
FRIENDS OF THE CLASSIC  
SPRINT CLINIC

Monday, January 21, 2008

PRESENTED BY:

ROWDY GAINES, 2 TIME OLYMPIAN  
SABIR MUHAMMAD, FORMER NATIONAL RECORD  
HOLDER

DAN KETCHUM, 2004 OLYMPIAN

## Reservation Form

\*\*\*limited to the first 100 13-18 year old registrants\*\*\*

NAME \_\_\_\_\_

Swimmer     Parent     Coach

Address \_\_\_\_\_

Phone (    ) \_\_\_\_\_

E-mail address \_\_\_\_\_

Clinic Swimmer's Name: \_\_\_\_\_

Age \_\_\_\_\_

Club/School/YMCA/Other: \_\_\_\_\_

(Clinic 10 – 11:00 a.m./lunch 11:30 – 12:30)

	#People	Price
Clinic Participant & Lunch \$25	_____	\$_____
Clinic Participant Parent & Lunch \$10	_____	\$_____
Coach & Lunch \$10	_____	\$_____
Clinic participant Parent (no lunch)	_____	No Charge
Coach (no lunch)	_____	No charge
<b>Total:</b>		<b>\$_____</b>

**Payment:** Make check payable to: Friends of the Classic

Please RSVP by December 22 and send completed form to:

Pat Lunsford  
One Holyoke Court  
Fairfield, OH 45014-5324

513-874-3209 OR [pat@wurkconcepts.com](mailto:pat@wurkconcepts.com)

NOTE: Checks and applications will be returned if the clinic is full.

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