

LEEDS CHRISTMAS CRACKER 2009

19th & 20th December 2009

Age as at 20th December 2009

BOYS

Swimmer's Name **BLOCK CAPITALS** _____

Swimming Squad _____

Date of Birth _____ Age on the day/s _____ Years

ASA Reg No. _____

50m Free	
100m Free	
200m Free	
50m Back	
100m Back	
200m Back	
50m Breast	
100m Breast	
200m Breast	
50m Fly	
100m Fly	
200m Fly	
200m IM	

Entries@ £6.00 = £.....

I certify that the above entry times have been achieved in competition, in the qualifying period' and accept that all entries for the above swimmer will be rejected if the times cannot be verified.

Signature _____

THIS FORM IS TO BE TAKEN TO YOUR COACH FOR APPROVAL AND SIGNATURE

Coaches Signature _____

ENTRY DATE 02 & 09/11/09

LEEDS CHRISTMAS CRACKER 2009

19th & 20th December 2009

Age as at 20th December 2009

GIRLS

Swimmer's Name **BLOCK CAPITALS** _____

Swimming Squad _____

Date of Birth _____ Age on the day/s _____ Years

ASA Reg No. _____

50m Free	
100m Free	
200m Free	
50m Back	
100m Back	
200m Back	
50m Breast	
100m Breast	
200m Breast	
50m Fly	
100m Fly	
200m Fly	
200m IM	

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