

LEEDS JUNIOR OPEN MEET 2010

2nd & 3rd October 2010

Age as at 3rd October 2010

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	
400m Free	
100m Back	
200m Back	
100m Breast	
200m Breast	
100m Fly	
200m Fly	
200m IM	
400m IM	

Entries@ £5.00 = £.....

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 06/09/10

LEEDS JUNIOR OPEN MEET 2010

2nd & 3rd October 2010

Age as at 3rd October 2010

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	
400m Free	
100m Back	
200m Back	
100m Breast	
200m Breast	
100m Fly	
200m Fly	
200m IM	
400m IM	

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ENTRY DATE 06/09/10