

CITY OF LEEDS B GRADE MEET 2010

23rd January 2010

Age as at 23rd January 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	
50m Back	
100m Back	
50m Breast	
100m Breast	
50m Fly	
100m Fly	
200m IM	

Entries@ £4.00 = £.....

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 14/12/09

CITY OF LEEDS B GRADE MEET 2010

23rd January 2010

Age as at 23rd January 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	
50m Back	
100m Back	
50m Breast	
100m Breast	
50m Fly	
100m Fly	
200m IM	

Entries@ £4.00 = £.....

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.

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