

CITY OF LEEDS OCTOBER MEET 2015

24/25 October 2015

Age as at 31st December 2015**BOYS**

Swimmer's Name _____

Swimming Squad _____

Date of Birth _____ Age on the day(s) _____ Years

ASA Reg No. _____

50m Free	
100m Free	
200m Free	
400m Free	
50m Back	
100m Back	
200m Back	
50m Breast	
100m Breast	
200m Breast	
50m Fly	
100m Fly	
200m Fly	
100m IM	
200m IM	
400m IM	

Entries@ £6.50 = £.....

I certify that the swimmer named above has not swam faster than the time entered in any competition in the twelve months prior to this entry and accept that entries for the above swimmer will be rejected if a faster time is verified.

Signature _____

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

Coaches Signature _____

ENTRY DATE 21/09/15**CITY OF LEEDS OCTOBER MEET 2015**

24/25 October 2015

Age as at 31st December 2015**GIRLS**

Swimmer's Name _____

Swimming Squad _____

Date of Birth _____ Age on the day(s) _____ Years

ASA Reg No. _____

50m Free	
100m Free	
200m Free	
400m Free	
50m Back	
100m Back	
200m Back	
50m Breast	
100m Breast	
200m Breast	
50m Fly	
100m Fly	
200m Fly	
100m IM	
200m IM	
400m IM	

Entries@ £6.50 = £.....

I certify that the swimmer named above has not swam faster than the time entered in any competition in the twelve months prior to this entry and accept that entries for the above swimmer will be rejected if a faster time is verified.

Signature _____

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ENTRY DATE 21/09/15