

CO Leeds National Qualifier Meet 2015

16th & 17th May 2015

Age as at 17 May 2015

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	
800m Free	
1500m Free	
50m Back	
100m Back	
200m Back	
50m Breast	
100m Breast	
200m Breast	
50m Fly	
100m Fly	
200m Fly	
200m IM	
400m 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 13 April 2015

CO Leeds National Qualifier Meet 2015

16th & 17th May 2015

Age as at 17 May 2015

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	
800m Free	
1500m Free	
50m Back	
100m Back	
200m Back	
50m Breast	
100m Breast	
200m Breast	
50m Fly	
100m Fly	
200m Fly	
200m IM	
400m IM	

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