

BOYS

Swimmer's Name _____

Swimming Squad _____

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

ASA Reg No. _____

Event	Time	Session Number
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@ £7.00 = £.....

Entry cut off times are based on Upper limits. Swimmers must not have swum faster than these times in the previous 12 months.

Signature _____

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

Coaches Signature _____

ENTRIES WILL BE TAKEN ON 05/09/16

GIRLS

Swimmer's Name _____

Swimming Squad _____

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

ASA Reg No. _____

Event	Time	Session Number
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@ £7.00 = £.....

Entry cut off times are based on Upper limits. Swimmers must not have swum faster than these times in the previous 12 months.

Signature _____

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Coaches Signature _____

ENTRIES WILL BE TAKEN ON 05/09/16