

**CITY OF SHEFFIELD TEASPOONS MEET 2016**

**25<sup>th</sup> September 2016**

**Age as at 25<sup>th</sup> September 2016**

**BOYS**

Swimmer's Name \_\_\_\_\_

Swimming Squad \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on the day(s) \_\_\_\_\_ Years

ASA Reg No. \_\_\_\_\_

Event	Time	Session Number
50m Free		
50m Back		
50m Breast		
50m Fly		

Entries .....@ £6.00 = £.....

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 06/06/16**

**CITY OF SHEFFIELD TEASPOONS MEET 2016**

**25<sup>th</sup> September 2016**

**Age as at 25<sup>th</sup> September 2016**

**GIRLS**

Swimmer's Name \_\_\_\_\_

Swimming Squad \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age on the day(s) \_\_\_\_\_ Years

ASA Reg No. \_\_\_\_\_

Event	Time	Session Number
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**ENTRIES WILL BE TAKEN ON 06/06/16**