

CITY OF LEEDS XMAS MEET 2017
Saturday 16th & Sunday 17th December 2017 Age as at 17th December 2017

BOYS

Swimmer's Name _____

Swimming Squad (Please Circle): National/ NAG/ Jun Per/ Reg Per/ Reg Dev

Date of Birth _____ Age on 17th Dec 17 _____ Years

ASA Reg No. _____

Event	Time	Session Number
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		
200m IM		
400m IM		

Entries@ £6.50 = £.....

Signature _____

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

Coaches Signature _____

ENTRIES WILL BE TAKEN ON 16/10/17

CITY OF LEEDS XMAS MEET 2017
Saturday 16th & Sunday 17th December 2017 Age as at 17th December 2017

GIRLS

Swimmer's Name _____

Swimming Squad (Please Circle): National/ NAG/ Jun Per/ Reg Per/ Reg Dev

Date of Birth _____ Age on 17th Dec 17 _____ Years

ASA Reg No. _____

Event	Time	Session Number
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		
200m IM		
400m IM		

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