

35th ANNUAL TEASPOON GALA 2017
Sunday 24th September

Age at 24th September 2017

BOYS

Swimmer's Name _____

Swimming Squad (Please Circle): Jun Per/ Reg Per/ Reg Dev/ Reg FT/ County

Date of Birth _____ Age on 24th Sept _____ Years

ASA Reg No. _____

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

Entries@ £6.00 = £.....

Signature _____

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

Coaches Signature _____

ENTRIES WILL BE TAKEN ON 15/05/17

35th ANNUAL TEASPOON GALA 2017
Sunday 24th September

Age at 24th September 2017

GIRLS

Swimmer's Name _____

Swimming Squad (Please Circle): Jun Per/ Reg Per/ Reg Dev/ Reg FT/ County

Date of Birth _____ Age on 24th Sept _____ Years

ASA Reg No. _____

Event	Time	Session Number
50m Free		
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