

**BOYS**

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

Swimming Squad (Delete as appropriate) REGIONAL DEV/ REGIONAL PER/ JNR PER

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

**MAXIMUM OF 5 ENTRIES ONLY**

Entries .....@ £5.50 = £.....

Swimmers must have achieved the lower limit time, but must not have swum faster than the upper limit time, in the 12 months preceding entry. (converted times where appropriate)

Signature \_\_\_\_\_

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

Coaches Signature \_\_\_\_\_

**ENTRIES WILL BE TAKEN ON 13/02/17**

**GIRLS**

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

Swimming Squad (Delete as appropriate) REGIONAL DEV/ REGIONAL PER/ JNR PER

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

**ENTRIES WILL BE TAKEN ON 13/02/17**