

BOYS

Swimmer's Name _____

Swimming Squad (Delete as appropriate) REGIONAL DEV/ REGIONAL 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		

As the club is only allowed 400 entries swimmers must only enter a MAXIMUM OF 6 ENTRIES ONLY

Entries@ £6.00 = £.....

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 28/01/19

GIRLS

Swimmer's Name _____

Swimming Squad (Delete as appropriate) REGIONAL DEV/ REGIONAL 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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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 _____

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ENTRIES WILL BE TAKEN ON 28/01/19