

CITY OF LEEDS XMAS MEET 2020
Saturday 12th & Sunday 13th December 2020 Age as at 13th December 2020

BOYS

Swimmer's Name _____

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

Age on 13th Dec 20 _____ 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@ £7.50 = £.....

Signature _____

Swimmers must not have swum faster than the times listed in the meet pack.

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

Coaches Signature _____

ENTRIES WILL BE TAKEN ON 02/11/20

CITY OF LEEDS XMAS MEET 2020
Saturday 12th & Sunday 13th December 2020 Age as at 13th December 2020

GIRLS

Swimmer's Name _____

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

Age on 13th Dec 20 _____ 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@ £7.50 = £.....

Signature _____

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