

CITY OF LEEDS NEW YEAR MEET 2020
Saturday 4th & Sunday 5th January 2020

Age as at 5th January 2020

BOYS

Swimmer's Name _____

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

Age on 5th Jan 20 _____ Years

ASA Reg No. _____

Event	Time	Session Number
50m Free		
100m Free		
200m Free		
400m Free		
1500m 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 25/11/19

CITY OF LEEDS NEW YEAR MEET 2020
Saturday 4th & Sunday 5th January 2020

Age as at 5th January 2020

GIRLS

Swimmer's Name _____

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

Age on 5th Jan 20 _____ Years

ASA Reg No. _____

Event	Time	Session Number
50m Free		
100m Free		
200m Free		
400m Free		
800m 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 = £.....

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