CITY OF LEEDS OCTOBER MEET 2020 24th & 25th October 2020

Age as at 25th October 2020

<u>BOYS</u>

Swimmer's Name

Swimming Squad (Delete as appropriate):

National Squad/ National Age Group/ Junior Performance/ Regional Per/ Reg Development/ County West/ County East/ Regional Fast Track

Age on the day(s) _____Years ASA Reg No. _____

Event	Time	Session Number
50m Free		
100m Free		
200m Free		
400m Free		
800m 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@ £7.50 = £.....

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

Signature

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

Coaches Signature

ENTRIES WILL BE TAKEN 14/09/20

CITY OF LEEDS OCTOBER MEET 2020

24th & 25th October 2020

Age as at 25th October 2020 **GIRLS**

Swimmer's Name

Swimming Squad (Delete as appropriate):

National Squad/ National Age Group/ Junior Performance/ Regional Per/ Reg Development/ County West/ County East/ Regional Fast Track

Age on the day(s) Years

ASA Reg No. _____

Event	Time	Session Number
50m Free		
100m Free		
200m Free		
400m Free		
800m 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@ £7.50 = £.....

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

Signature _____

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Coaches Signature

ENTRIES WILL BE TAKEN ON 14/09/20