

BOYS

Swimmer's Name _____

Swimming Squad (Delete as appropriate) COUNTY EAST/ COUNTY WEST/ RFT/ JUNIOR PERFORMANCE & NAG (Selection by coach only)

Date of Birth _____ Age on the day(s) _____ Years

ASA Reg No. _____

Event	Time	Session Number
50m Free		
100m Free		
200m Free		
400m Free (10yrs+)		
50m Back		
100m Back		
200m Back		
50m Breast		
100m Breast		
200m Breast		
50m Fly		
100m Fly		
200m Fly		
200m IM		
400m IM (10yrs+)		

Entries@ £6.50 = £.....

Swimmers 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 20/01/20

GIRLS

Swimmer's Name _____

Swimming Squad (Delete as appropriate) COUNTY EAST/ COUNTY WEST/ RFT/ JUNIOR PERFORMANCE & NAG (Selection by coach only)

Date of Birth _____ Age on the day(s) _____ Years

ASA Reg No. _____

Event	Time	Session Number
50m Free		
100m Free		
200m Free		
400m Free (10yrs+)		
50m Back		
100m Back		
200m Back		
50m Breast		
100m Breast		
200m Breast		
50m Fly		
100m Fly		
200m Fly		
200m IM		
400m IM (10yrs+)		

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