

Club			
Competitors Full Name			MALE / FEMALE
Address			
Post Code		Telephone no	
Date of birth		ASA registration no	
Email address			

If a Para-Swimmer, please provide classifications...

S		SB		SM	
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Please enter me in the following events using the entry time appended;

PLEASE ENSURE YOU ARE AWARE OF ALL OF THE QUALIFYING TIMES, CONSIDERATION TIMES AND MEET CONDITIONS PRIOR TO SUBMITTING YOUR ENTRY.

Event	Entry Time	Where Achieved
50m Freestyle		
100m Freestyle		
200m Freestyle		
400m Freestyle		
800m Freestyle		
1500m Freestyle		
50m Breaststroke		
100m Breaststroke		
200m Breaststroke		

Event	Entry Time	Where Achieved
50m Butterfly		
100m Butterfly		
200m Butterfly		
50m Backstroke		
100m Backstroke		
200m Backstroke		
200m Ind Medley		
400m Ind Medley		

events entered _____ fee enclosed at £7.00 per event _____ £10.00 for 800m/1500m _____

I declare (a) that I have achieved the published QT/CT for each event, (b) that I know the details given above are accurate, (c) that I am an eligible competitor according to the laws of the ASA, and (d) that I accept and will abide by the meet conditions.

Signature of competitor: _____ Date: _____

CLOSING DATE FOR ENTRIES & PAYMENT - 10PM, 18TH APR 2018