



8th Short Course Licensed Open Meet 9th April 2017

Level 3 Licence No. 3ER170505

BRAINTREE SWIM CENTRE

Individual Entry Form

CLUB _____

*Please photocopy entry form as required * Delete as necessary*

FIRST NAME(S) (exactly as on registration card)	SURNAME	
ADDRESS (including Postcode)	DATE OF BIRTH	Male/Female*
	Age as at 9TH APRIL 2017	
	ASA Reg No.	

Entries will not be accepted if the above information is incomplete

Event	Entry Time	Event	Entry Time	Event	Entry Time
50m Free		100m Free		200m Free	
50m Back		100m Back			
50m Fly		100m Fly			
50m Breast		100m Breast			
		100m I.M.			



Entries will not be accepted if the above information is incomplete and/or illegible.
The promoter has the right to restrict entries on the grounds of safety and overall timing of the event.

- I declare that: a. the above named swimmer has achieved the entry time shown by his/her name
b. the above personal details are correct;
c. He/she is an eligible competitor according to the laws of the ASA
d. We have read, understand, accept and will abide by the conditions set by the Promoter / Organiser.

Signed.....Club Secretary / Club Official Date

Enclosed are..... entries @ £5.50 each, totaling £ for this entry form.

One cheque only per Club(please wright your club name on the reverse) this should be made payable to HASC and sent together with completed Club Entry Forms and a Summary sheet

CLOSING DATE FOR ENTRIES IS MIDNIGHT 1ST MARCH 2017

Return to: Mrs D HALL

14 KESTREL RISE, HALSTEAD, ESSEX, CO92TU

