



LEVEL 3 OPEN MEET

LICENSE 3SW182387

SATURDAY 24TH & SUNDAY 25TH NOVEMBER 2018

BODMIN DRAGONS LEISURE CENTRE

ENTRY FORM

Please complete as comprehensively as possible

Surname: _____

First Name: _____

Male Female (Please tick)

Club: _____

Date of Birth: _____

Age @ 31/12/18: _____

ASA Registration No: _____

Email: _____

SATURDAY 24th NOVEMBER 2018

		SELECT	ENTRY TIME
SESSION 1	800 metres freestyle		
	1500 metres freestyle		

SUNDAY 25th NOVEMBER 2018

		SELECT	ENTRY TIME
SESSION 2	50 metres freestyle		
	100 metres backstroke		
	200 metres Individual Medley		
	50 metres butterfly		
SESSION 3	50 metres backstroke		
	100 metres Individual Medley		
	100 metres breaststroke		
SESSION 4	50 metres breaststroke		
	100 metres butterfly		
	100 metres freestyle		

Fees paid with entry _____ events @ £6.50 per event = £ _____

_____ events @ £10.00 per event = £ _____ Total £ _____

Please pay online at www.northcornwalldragons.com/payments

I declare that I am an eligible competitor and that I accept the promoter's conditions:

Signature of Competitor: _____

Signature of club coach / official is required below, ratifying the above entry times and that the swimmer is capable of diving as per the Competitive Start Award.

Signature of Coach / Official Club Representative: _____