

West Midland Championships 2019 Team Declaration Form



This form must be completed by a coach or team manager at least one hour before the start of the session where the team event is to be swim. In line with the gala conditions, please ensure that at least two of the swimmers in your team have a regional qualifying time in their age group.

Team Name.....

Club.....

Event Number	Event	Tick
151	Mens MC 14/16 Yrs 400m Free.Team	
152	Mens MC 17/OV Yrs 400m Free.Team	
251	Womens 14/16 Yrs 400m Free.Team	
252	Womens 17/OV Yrs 400m Free.Team	
423	Mens 14/16 Yrs 400m Medley Team	
424	Mens 17/OV Yrs 400m Medley Team	
451	Mens 14/16 Yrs 800m Freestyle Team	
452	Mens 17/OV Yrs 800m Freestyle Team	
523	Womens 14/16 Yrs 400m Medley Team	
524	Womens 17/OV Yrs 400m Medley Team	
551	Womens 14/16 Yrs 800m Free.Team	
552	Womens 17/OV Yrs 800m Free.Team	

First Name	Surname	SE Membership Number

Name.....

Signed.....

Date.....

Time.....

Official Use Only Received By (Initials)	Date Received	Time Received