

**West Midland
Championships 2017
Team Declaration Form**



Please complete the below information regarding the team that you are submitting. This form should 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	Women's 14/16 400m Medley Team	
152	Women's 17/OV 400m Medley Team	
153	Men's 14/16 400m Freestyle Team	
154	Men's 17/OV 400m Freestyle Team	
251	Men's 14/16 400m Medley Team	
252	Men's 17/OV 400m Medley Team	
253	Women's 14/16 400m Freestyle Team	
254	Women's 17/OV 400m Freestyle Team	
301	Men's 14/16 800m Freestyle Team	
302	Men's 17/OV 800m Freestyle Team	
351	Women's 14/16 800m Freestyle Team	
352	Women's 17/OV 800m Freestyle Team	

First Name	Surname	ASA Number

Name.....

Signed.....

Date.....

Time.....

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