

One copy of this form is to be completed for each event. Please tick in the box to which this form is applicable.

Club .....

Team Name.....

Ev.No.	EVENT NAME	TICK
151	Male 14/16yrs 400m Freestyle Team	<input type="checkbox"/>
152	Male 17/Over 400m Freestyle Team	<input type="checkbox"/>
251	Female 14/16yrs 400m Freestyle Team	<input type="checkbox"/>
252	Female 17/Over 400m Freestyle Team	<input type="checkbox"/>
413	Male 14/16yrs 400m Medley Team	<input type="checkbox"/>
414	Male 17/Over 400m Medley Team	<input type="checkbox"/>
452	Male 14/16yrs 800m Freestyle Team	<input type="checkbox"/>
453	Male 17/Over 800m Freestyle Team	<input type="checkbox"/>
513	Female 14/16yrs 400m Medley Team	<input type="checkbox"/>
514	Female 17/Over 400m Medley Team	<input type="checkbox"/>
552	Female 14/16yrs 800m Freestyle Team	<input type="checkbox"/>
553	Female 17/Over 800m Freestyle Team	<input type="checkbox"/>

Please list the swimmers below in the order that they are swimming (Please complete in capital letters):

	FIRSTNAME	SURNAME	SE NUMBER
<b>1</b>			
<b>2</b>			
<b>3</b>			
<b>4</b>			

Form completed by.....

Date / Time submitted to recorders

.....