

# WHITE CLIFFS WINTER WONDERLAND

PLEASE COMPLETE USING CAPITALS

FULL NAME \_\_\_\_\_

MALE/ FEMALE \_\_\_\_\_ CLUB \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ AGE (on 6<sup>th</sup> December 2015) \_\_\_\_\_

ASA NUMBER \_\_\_\_\_

Entries will be accepted on a 'first come first served' basis.

Please submit your entry times for your chosen events below

	FREESTYLE	BACKSTROKE	BREASTSTROKE	BUTTERFLY
50M				
100M				
200M				

No of Entries..... @ £4.50 = £.....

I confirm that the information entered above is correct and faster times have not been achieved after 1<sup>st</sup> April 2015. Zoom and video photography may take place at this meet and I understand that it is a condition of entering this competition that I agree to this. I am aware that my personal details will appear on a computer database used to run the meet and that the results will appear on the DLGC and ASA website.

Signed..... (Swimmer)

Signed..... (Parent/Guardian if swimmer is under 18)

Please return entries to ..... by .....

(All forms and electronic entries to be with DLGC by 30th October 2015)