WATFORD SWIMMING CLUB

November 2015 County Qualifier Open Meet
Affiliated to the ASA East Region
(Under ASA Laws and Technical Rules of Swimming)
Licensed no (3ER150604)

Boys Entry Form

ASA Number		
Full Name		
D of B		Age as at 31st December **2015:**
		Age as at 22nd November **2015:****
Club		
E-mail address		Mobile No:

Event No	**Event**	**Entry Time (short Course)**
2	400M freestyle	
4	100M breaststroke	
6	100M IM	
8	200M Backstroke	
10	100M Freestyle	
12	200M IM	
14	50M Butterfly	
15	400M IM ^^	
17	100M Backstroke	
19	200M Breaststroke	
21	100M Butterfly	
23	50M Breaststroke	
25	200M Freestyle	
27	50M Backstroke	
29	200M Butterfly	
31	50M Freestyle	

** minimum age of 9 at 22 November 2015
^^ minimum age of 11 at 31 December 2015

Total entry Fee	£5.00 per event	£_____
	£6.00 per event (400s)	£_____
£1.00 Admin Fee	per swimmer if applicable	£_____
Total Amount Payable		£_____

I hereby declare that the above particulars are correct and that I am an eligible competitor in accordance with the laws of the ASA and will abide by the conditions laid down by Watford Swimming Club for this competition.

Signature of competitor_____Date_____

I certify that the above information is correct_____Club Official