

EAST GRINSTEAD SWIMMING CLUB

Meet:

Name:

Date of Birth:

ASA Reg. No.

This is a standard form so all swimming distances are listed. Please refer to schedule of events for each competition and fill in the events you wish to do as appropriate. Please use PB time in 25m pool.

Event	Submitted Time
50 Free	
50 Breast	
50 Back	
50 Fly	
100 Free	
100 Breast	
100 Back	
100 Fly	
100 IM	
200 Free	
200 Breast	
200 Back	
200 Fly	
200 IM	
400 Free	
400 IM	
800 Free	
1500 Free	

Total Swims @ £ per event

Cheques made payable to East Grinstead Swimming Club

CLOSING DATE:

Forms to Sue Kent

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