**Welsh Capitol Open Meet 2015**

**6th - 8th November 2015**

**ENTRY FORM**

|  |  |  |  |
| --- | --- | --- | --- |
| Last Name |  | First Name |  |
| WASA No |  | D.O.B. |  | M/F |  |
| Address |  |
| Age (on 8th Nov 2015) |  | Tel |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Event No | Distance | Stroke | Entry Time | LC/SC | Event No | Distance | Stroke | Entry Time | LC/SC |
|  | 50m | Freestyle |  |  |  | 50m  | Butterfly |  |  |
|  | 100m | Freestyle |  |  |  | 100m | Butterfly |  |  |
|  | 200m | Freestyle |  |  |  | 200m | Butterfly |  |  |
|  | 400m | Freestyle  |  |  |  | 200m | I.M. |  |  |
|  | 800m | Freestyle (Girls 11+ Only) |  |  |  | 400m (11+ Only) | I.M. |  |  |
|  | 1500m | Freestyle (Boys 11+ Only) |  |  |  |  |  |  |  |
|  | 50m  | Backstroke |  |  |  |  |  |  |  |
|  | 100m | Backstroke |  |  |  |  |  |  |  |
|  | 200m | Backstroke |  |  |  |  |  |  |  |
|  | 50m  | Breaststroke |  |  |  |  |  |  |  |
|  | 100m | Breaststroke |  |  |  |  |  |  |  |
|  | 200m | Breaststroke |  |  |  |  |  |  |  |

Minimum Age 9 & over

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| --- |
| Entry Fee £7.00 per Event. Total Amount £**All entries to be made through your club**  |
| **TO BE COMPLETED BY THE COMPETITOR :** |
| I declare that the above particulars are correct and agree to abide by the conditions laid down.  |
| I accept that there will be no refunds. |
| SIGNATURE OF PARENT/GUARDIAN……………………………………………………………….Date:……………….. |
| I declare that only our team members who have reached the standard of the ASA Competitive Start Award will be permitted to start from the poolside. Those who have not will start in the water. |
| **Closing Date: 27/09/15** |
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