**City of Newport Swimming Club Spring Open Meet.**

**2nd &3rd May 2015**

**ENTRY FORM LEVEL2 MEET**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Last Name:…………………………First Name:………………..Middle Initial……(PLEASE PRINT CLEARLY)Preferred name:…………….………Age:…………….Date of Birth:….../….../…...  **(as at 03/05/15)**Male/Female:…….… W.A.S.A. Number:……………………………… Address:…………………………………………………………………………………………………………………………………………………………………………Post Code:……………………………. Tel No:…………………………………..E Mail:……………………………………………....Club Name:………………………………………….

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| EVENT | EVENT NO: | ENTRY TIME\* | LC √ | SC√ | EVENT | EVENT NO: | ENTRY TIME\* | LC√ | SC√ |
| 50 Free |  |  |  |  | 50 Breast |  |  |  |  |
| 100 Free |  |  |  |  | 100 Breast |  |  |  |  |
| 200 Free |  |  |  |  | 200 Breast |  |  |  |  |
| 400 Free |  |  |  |  | 50 Fly |  |  |  |  |
| 50 Back |  |  |  |  | 100 Fly |  |  |  |  |
| 100 Back |  |  |  |  | 200 Fly |  |  |  |  |
| 200 Back |  |  |  |  | 200 IM |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

\* Please indicate Short Course or Long Course times. |

Total number of swims ………@ £4.50 Total Payable £…………

**(Payment should be made to your Club**. Cheques to be made payable to City of Newport Swimming Club)

 To be completed by the competitor:

 I declare that the above information is correct and agree to abide by the Meet conditions.

 I accept there will be no refund of entry fees, unless the Meet is oversubscribed.

 Signature of Competitor/Parent:………………………………….. Date:……………….

I declare that the above competitor has reached the standard of the ASA Competitive Start Award and has achieved the entry times as stated.

 Signature of Coach:………………………………………………... Date:……………….

Completed forms to be returned through your club to:

Mr Chris Jones, 16 The Moorings, Newport, NP19 7JB.

**Closing Date: 15th April 2015**

**City of Newport Swimming Club Spring Open Meet.**

**2nd &3rd May 2015**

**ENTRY FORM LEVEL3 JUNIOR DEVELOPMENT MEET.**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Last Name:…………………………First Name:………………..Middle Initial……(PLEASE PRINT CLEARLY)Preferred name:…………….………Age:…………….Date of Birth:….../….../…...  **(as at 03/05/15)**Male/Female:…….… W.A.S.A. Number:……………………………… Address:…………………………………………………………………………………………………………………………………………………………………………Post Code:……………………………. Tel No:…………………………………..E Mail:……………………………………………....Club Name:………………………………………….

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| EVENT | EVENT NO: | ENTRY TIME\* | LC √ | SC√ |
| 50m Freestyle |  |  |  |  |
| 50m Breaststroke |  |  |  |  |
| 50m Butterfly |  |  |  |  |
| 50m Backstroke |  |  |  |  |
| 200m IM |  |  |  |  |
|  |  |  |  |  |

\* Please indicate Short Course or Long Course times. |

Total number of swims ………@ £4.50 Total Payable £…………

All 5 Swims £20.00

**(Payment should be made to your Club**. Cheques to be made payable to City of Newport Swimming Club)

 To be completed by the competitor:

 I declare that the above information is correct and agree to abide by the Meet conditions.

 I accept there will be no refund of entry fees, unless the Meet is oversubscribed.

 Signature of Competitor/Parent:………………………………….. Date:……………….

I declare that the above competitor has reached the standard of the ASA Competitive Start Award and has achieved the entry times as stated.

 Signature of Coach:………………………………………………... Date:……………….

Completed forms to be returned through your club to:

Mr Chris Jones, 16 The Moorings, Newport, NP19 7JB.

**Closing Date: 15th April 2015**