**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**