**SOUTH EAST WALES REGIONAL CHAMPIONSHIPS**

3rd / 4th / 5th and 11th / 12thFebruary 2017

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| Last Name:…………………………First Name:………………..  (PLEASE PRINT CLEARLY)  Age:…………….Date of Birth:….../….../…...  **(as at 31/12/17**  Male/Female:…….……….  Tel No:…………………………………..  E Mail:……………………………………………....   |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | 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 |  |  |  |  | | 800 Free |  |  |  |  | 100 Fly |  |  |  |  | | 1500 Free |  |  |  |  | 200 Fly |  |  |  |  | | 50 Back |  |  |  |  | 200 IM |  |  |  |  | | 100 Back |  |  |  |  | 400 IM |  |  |  |  | | 200 Back |  |  |  |  |  |  |  |  |  |   \* Please indicate Short Course or Long Course times. |

Total number of swims ………@ £5.00 Total Payable £…………

Cheques to be made payable to Monnow Swim 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:……………….