**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:……………….