

**Beachfield Swimming Squad - ASA SE Regionals entry form 2017:**

* For 14 & U Entries – **deadline 15.4.17** (events & times achieved at Medway ASA French Gala will be added, if time)
* For 15 & over Entries – **deadline 5.4.17** (events & times achieved at Medway ASA French Gala will be added, if time)

**Tick ONE of the above boxes.**

Full Name of Swimmer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ASA No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.o.b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- |
| Stroke | Distance  | Best LC time (L1 or L3) since 1.6.16 | Best SC time (L3 or L2) since 1.6.16 | Date and Licensed Gala No. of event when time was achieved  | Date and Licensed Gala No. of event when time was achieved |
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Please enter me (or my child, if under 18) for the events shown above

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of swimmer or parent (if swimmer is under 18): Please return form to Alison before or on the deadline

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_