



SPENBOROUGH SWIMMING CLUB EXTERNAL GALA ENTRY FORM

Swimmers Name: _____ DOB: _____

Age on Day of Gala: _____ Age at 31st Dec: _____ ASA Number: _____

Meet _____

Cost per Event _____ Total Cost _____ Paid Cash/Chq (Payable to Spenborough SC)

Emergency Contact Number/s _____

Email: _____

EVENT ENTRIES

Please enter a swimmers PB against each event to be entered or NT if a time is not available

Freestyle					
50		100		200	
400		800		1500	

Backstroke					
50		100		200	

Breaststroke					
50		100		200	

Butterfly					
50		100		200	

IM					
100		200		400	

Please advise of any medical conditions the Coaches and Team Managers should be aware of:

I am available to Team Manage Sat Am Sat PM Sun AM Sun PM