



**Dartford District Swimming Club
‘LICENSED LEVEL 4’ OPEN MEET**

**Entry Form
(Under ASA Law and Technical Rules of Swimming)**

To be held at Medway Park (formerly Black Lion Sports Centre), Gillingham

CLUB NAME	
SURNAME	
FIRST NAME	
AGE	
DATE of BIRTH	
MALE/FEMALE (Delete)	
ASA registration Number	

Submitted Times: Please complete in Block capitals.

Event Number	Age	Distance	Stroke	Entry Time

Total number of events £4.00 per event:-

Events:	Total: £
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Declaration

I, the swimmer named above, certify that the details given are correct and that I will abide by the promoters conditions.

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(Signature of Swimmer or Guardian)

Please complete and hand to your Club Representative (please do not send cash)
Closing date for Receipt of Entries: Monday 25th October 2010

LICENCE NO: 4SE0416