



INDIVIDUAL ENTRY FORM

PLEASE PRINT USING CAPITALS

Age as at 6th January 2008

FULL NAME

MALE

FEMALE

CLUB

DATE OF BIRTH

AGE ON 06/01/08

ASA REGISTRATION NO

Please submit your entry times for your chosen events below

Event No	Event	Entry Times
	50 Freestyle	
	100 Freestyle	
	200 Freestyle	
	400 Freestyle	
	800 Freestyle	
	1500 Freestyle	
	100 Backstroke	
	200 Backstroke	
	100 Breaststroke	
	200 Breaststroke	
	100 Butterfly	
	200 Butterfly	
	200 Individual Medley	
	400 Individual Medley	
No of Entries..... @ £4.50 = £.....		
No of Entries..... @ £7.00 = £.....		
Total value of cheque payable to DLGC & CCSC		£

Entries must be received by **MONDAY 19th NOVEMBER 2007**

I confirm that the information entered is correct and that a cheque for the correct amount made payable to DLGC & CCSC is enclosed. I understand that zoom and video photography may take place at this meet, and understand that all competitors listed on our entry form have given their consent to this as a condition of entering this competition.

Signed.....Swimmer/Parent

Please return entries and cheque to:

Debbie Woodard, Highcroft, The Avenue, Temple Ewell, Dover, CT16 3AP. Tel: 01304 821780

e-mail doverlifeguard@btinternet.com