

Gala Entry Form

<u>Name</u>					ASA Number				<u>Squad</u>
Gala :									Date of Birth
Closing Date:									
PLEASE INDICATE SWIMS TO BE ENTERED BELOW.									
<u>Event</u>	Enter Event √	ent IIIIE		Rankings Time √	Training Time √	Converted Time V	Gala, Venue & Date Achieved		
	Paren	Parent/swimmer to comple			ıplete	e these columns			
50 Freestyle									
100 Freestyle									
200 Freestyle									
400 Freestyle									
800 Freestyle									
1500 Freestyle									
50 Backstroke									
100 Backstroke									
200 Backstroke									
50 Breaststroke									
100 Breaststroke									
200 Breaststroke									
50 Butterfly									
100 Butterfly									
200 Butterfly									
								_	
100 Individual Medley									
200 Individual Medley									
400 Individual Medley									
		s/swimn	ners to a	liscuss is	ssues re		with swii	1	h (or head coach)
Total Number of Entrie				@£		Tota	ol = £		
Admin Fee per Swim					@ P Gra		Gran	nd Total = £	
Please pay by cash or cheque payable to COSASC (CIC) - hand completed form and payment to your Competition Secretary on or before the closing date									

