Kent County Amateur Swimming Association Championships

(Under ASA Law and Technical Rules)

Licence No: CC0044, CC0045, CC0046, CC0047

INDIVIDUAL ENTRY FORM for Multi Disability Events

MALE/FEMALE
Please Circle

Full Name (block capitals) _____ Name of Club _____

Address _____

_____ Postcode _____

Tel. No. _____ Date of Birth D D M M Y Y Y Y

ASA ID Number _____

Please attach a copy of your FAC or Certificate of Disability. This is mandatory.

Please enter me as a competitor for the events indicated below. I enclose £4.50 per championship event entered.

Number of events _____ £ _____ total enclosed

I hereby declare that the particulars I have entered are correct; that I am an eligible competitor to swim in the KCASA Championships and according to ASA Laws; that I will abide by the conditions laid down by the Association for these Championships and that I have achieved the entry qualifying time since 1st August last, for each of the events entered.

Signature of Competitor _____

		Championship Events			
Submitted Time	Show S Category	Description	Description	Show S Category	Submitted Time
		50m freestyle	50m breaststroke		
		100m freestyle	100m breaststroke		
		200m freestyle	50m butterfly		
		400m freestyle	100m butterfly		
		50m backstroke	200m IM		
		100m backstroke			

All entries accompanied by a remittance slip and the correct fees, must be sent to the Swimming Manager:

Mrs J Scott 48 Normanhurst Avenue Bexleyheath Kent DA74TP (0208 303 5953)

Please arrange to have your entries submitted via your club to arrive by midnight of 16 January 2010, the closing date for acceptance of entries.

Any entries received after the closing date will not be accepted unless proof of posting is provided.

Please enter submitted times in appropriate boxes.

Name and contact numbers of Designated Club Official to whom any queries will be directed:

Name: _____ Phone No(Day) _____
Please print

Phone No(Eve) _____

Email Address _____

I certify that the above information is correct _____ (Signed by Club Secretary)