

CITY OF DERBY SWIMMING CLUB

TWENTY SEVENTH LICENSED OPEN MEET 2010

at Queen's Leisure Centre Derby 24th – 25th April 2010
(Under ASA Laws and ASA Technical Rules of Swimming)

Individual Entry Form

Please return the completed entry form with the appropriate entry fee and a
Entries must be received by the closing date of 18th March 2010.

All times to be 25m (short course) times. Please use BLOCK CAPITALS.

| | | | | | | | | | | | | | | | | | | | | | | | | | |
|----------------|-------------------------------|---|----|---|----|-------------------------------------|--|--|--|--|-------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Name: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Gender: | Male / Female (Please Delete) | | | | | | | | | | Entry No: (Official Use Only) | | | | | | | | | | | | | | |
| Date of Birth: | DD | / | MM | / | YY | Age at 25 th April 2010: | | | | | | | | | | | | | | | | | | | |
| Club: | | | | | | | | | | | | | | | | | | | | | | | | | |
| ASA Reg No: | | | | | | | | | | | | | | | | | | | | | | | | | |
| Address: | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | |
| Tel No: | | | | | | | | | | | Email: | | | | | | | | | | | | | | |

| Event | Entry Time | Event | Entry Time |
|------------------|------------|-------------------|------------|
| 50m Freestyle | | 100m Breaststroke | (Not 9yr) |
| 100m Freestyle | (Not 9yr) | 200m Breaststroke | |
| 200m Freestyle | | 50m Butterfly | |
| 50m Backstroke | | 100m Butterfly | (Not 9yr) |
| 100m Backstroke | (Not 9yr) | 200m Butterfly | |
| 200m Backstroke | | 100m I.M. | |
| 50m Breaststroke | | 200m I.M. | |

| | | | |
|----------------------|--|-------------------|---|
| Total No of Entries: | | @ £4.50p = Total: | £ |
|----------------------|--|-------------------|---|

This event is Level 2 Licensed by the ASA for entry into National and Regional Championships. Entries must be within the published Qualifying Times for each event.

These entries will be accepted on a **first come first served basis**. Please see meet rules for details.

I certify that the above details are correct, I will abide by the promoter's conditions and that I am an eligible competitor in accordance with the laws of the Amateur Swimming Association.

Swimmer's Signature: _____ Date: ____ / ____ / ____.

Please return to:
Mrs Christine Brocklehurst
1 Jackson Avenue
Mickleover Tel: 01332 605101
Derby DE3 9AS Fax: 01332 606149

| Poolside Passes | No. | Total |
|-----------------------------------|-----|-------|
| @£15 Saturday & Sunday | | £ |
| @£8 Saturday only | | £ |
| @£8 Sunday only | | £ |
| (Including Programme and Results) | | |