



No gala entry will be accepted without the relevant entry fee.

SOUTH TYNESIDE SWIMMING CLUB

Name: _____ Gala Date: _____
Age On: _____ is _____ years. Date of Birth: _____ / _____ / _____
Member No: _____ Male / Female* Squad: _____ Squad No: _____
Gala Event: _____
(* Please delete as appropriate)

Please fully complete, sign and return this form with the required entry money. If you don't have times for any of the events you wish to enter please speak to the relevant coach **prior** to handing in this form.

Event	Tick for Entry	Time			Event	Tick for Entry	Time		
		Min	Sec	1/10			Min	Sec	1/10
50 Free					50 Breast				
100 Free					100 Breast				
200 Free					200 Breast				
400 Free					50 Fly				
800 Free					100 Fly				
1500 Free					200 Fly				
50 Back					100 IM				
100 Back					200 IM				
200 Back					400 IM				
Total Number of Entries					@ £	each	= £		

If possible please pay by cheque, made out to "South Tyneside Swimming Club".

Parents/Guardians please note:

It is your responsibility to ensure that all MEDICAL and CONTACT details are up to date.

EMERGENCY CONTACT NAME:	NUMBER:
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I hereby give consent for my child to swim at the above gala and confirm that all contact and medical details are up to date. I enclose the correct money for this event.

Parent/Guardian signature: _____ Dated: _____ / _____ / _____

You agree that we may publish your personal information as part of the event and may pass such information to the governing body or any affiliated organisation for the purpose of event organisation, insurance, licences or for publishing results either for the event alone or combined with or compared to other events. Results may include (but not be limited to) name, any club affiliation, race times and age category.

Please return this form and relevant money to Dot (D Squad only), any Squad Rep or the Club Competition Secretary by:

Late entries will not be accepted.

Email: contact@stswim79.co.uk
Web: www.stswim79.co.uk

