



Metro West District

Metro West Swimming Victoria Incorporated

Personal Details

Name of Meet:	Date of Meet:	Multi-Class: (Disability Swimmers Only):	Gender: Male / Female
Surname:	First Name:	DOB (DD/MM/YYYY): ___ / ___ / _____	Age (At Meet):
Club:		Australian Citizen: Y / N	Australian Resident: Y / N
		VIS Athlete: Yes / No	

Entry Details

	Event	Stroke	Distance	Entry Time	Details of Where Entry Time Was Achieved			Relay Time?	Split Time?
					Date	Meet Name	Venue	(Please Circle)	(Please Circle)
1								Yes / No	Yes / No
2								Yes / No	Yes / No
3								Yes / No	Yes / No
4								Yes / No	Yes / No
5								Yes / No	Yes / No
6								Yes / No	Yes / No
7								Yes / No	Yes / No
8								Yes / No	Yes / No
9								Yes / No	Yes / No
10								Yes / No	Yes / No

TOTAL ENTRIES: @ \$ per event = \$ _____

Declaration

- All details on the form have been completed in full and are correct.
- All details relating to the event, including the time, are factual.
- No refund will be given for withdrawal of entry on any grounds.
- I am currently a registered member of the club shown on the form (registration 1 May – 30 April).
- I have read and understood the above points.

Signature: _____

Mobile: _____

Email: _____

Metro West Swimming Contact Details (2010/11)

Competitions Officer: Cam Nation

Mobile: 0402 004 820

Email: squad@northwestaquatic.com.au

Website: <http://home.vicnet.net.au/~mwsvi/>

