



Individual Entry Form

CLUB: _____ **ASA Number :** _____

First Name: _____ Surname: _____

Male/Female (Delete as appropriate) M / F

Telephone Number _____ E-mail _____

Date of Birth. _____ Age at 024/011/2019: _____

(Times must be converted to 25m pool length)

	Times	Where Achieved
50m Freestyle		
100 Freestyle		
200 Freestyle		
400m Freestyle		
50m Backstroke		
100m Backstroke		
200m Backstroke		
50m Breaststroke		
100m Breaststroke		
200m Breaststroke		
50m Butterfly		
100m Butterfly		
200m Butterfly		
200m IM		
400m IM		

Entries: _____
(£5.00 Electronic, £5.50 Paper)

Fee Enclosed: £ _____

Closing Date:

Once completed please return to your Gala Secretary and posted to;

Mr N White
7 Mossgate Grove
Liverpool
L14 0JT

e-mail: external_events@prescotswimmingclub.org

Cheques should be made payable to "Prescot Swimming Club"

Entries will be accepted from individuals who should provide a contact telephone number and e-mail address.