

OPEN GALA ENTRY FORM

THIS FORM WILL NOT BE ACCEPTED WITHOUT PAYMENT

Name of Gala.....
 Date of Gala.....
 Swimmer Name.....
 D.O.B.....
 ASA Registration Number.....

Please tick the event/s you wish to enter

	50	100	200	400	800	1500
Freestyle						
Butterfly						
Backstroke						
Breaststroke						
Individual Medley						

No. of Entries.....@ £..... each

Total Amount Enclosed £.....

Cash/Cheque received from.....

On (date).....

Signed (Competition Secretary).....

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