

**Chapelton & District A.S.C**

**OPEN GALA ENTRY FORM**

**THIS FORM WILL NOT BE ACCEPTED WITHOUT PAYMENT**

Name of Gala.....

Date of Gala.....

Swimmer Name.....

Date of Birth.....

ASA Registration Number.....

Please place a current time against 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 (on behalf of Club).....