



**Swim Ulster Open Disability Swimming Championships 2017**  
**in association with Disability Sport NI**  
**Entry Form**



Name in Full	DOB	M/F	Class (see attached sheet)	<u>Maximum of 4 events per person</u>												
				<u>NB: If a time is not given the swimmer will be placed in the fastest heat.</u>												
				25m Fly	25m Back	100m Free	50m Breast	25m Free	100m Back	100m Breast	50m Fly	100m Fly	50m Back	25m Breast	50m Free	
Example : Tom Fox	12.4.07	M	S12					40sec								

All forms should be sent to Swim Ulster, 3 Valentine Road, Bangor, BT20 4TH by 5pm on Friday 28<sup>th</sup> April 2017



**Swim Ulster Open Disability Swimming Championships 2017  
in association with Disability Sport NI  
Entry Form**



**Relay Entry**

<b>Team Name</b>	
<b>Swimmer 1</b>	
<b>Swimmer 2</b>	
<b>Swimmer 3</b>	
<b>Swimmer 4</b>	

**Outside Lane Request**

Swimmers Name

**Payment**

___ Individual Entries @ £3 per event per person	£
___ Relay Entries @ £5 per team	£
<b>Total</b>	£
<b>Please advise your payment method</b>	
<b>BACS (please ensure you put your Club name as reference on the payment)</b> Swim Ulster Bank Account Details Danske Bank Sort Code : 950132 Account No : 22780453	<b>Cheque (cheques payable to Swim Ulster Ltd)</b>

**Parent/Guardian/Coach contact details (all correspondence will be sent to this contact)**

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

Tel/Mobile: \_\_\_\_\_  
Email: \_\_\_\_\_

**(All information will be forwarded to the email address provided and will be posted on the Swim Ulster & DSNI Websites)**

If you will be attending the competition without a parent/guardian/coach please provide details of an emergency contact:

Name: \_\_\_\_\_  
Relationship: \_\_\_\_\_

Tel/Mobile: \_\_\_\_\_

**All forms should be sent to Swim Ulster, 3 Valentine Road, Bangor, BT20 4TH by 5pm on Friday 28<sup>th</sup> April 2017**