



**Swim Ulster Open Disability Swimming Championships 2018
in association with Disability Sport NI – 16th June 2018
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 | | | | | | | | |
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All forms should be sent along with payment to Swim Ulster, 3 Valentine Road, Bangor, BT20 4TH by 5pm on Wednesday 6th June 2018



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Relay Entry

| | |
|------------------|--|
| Team Name | |
| Swimmer 1 | |
| Swimmer 2 | |
| Swimmer 3 | |
| Swimmer 4 | |

Outside Lane Request

| |
|---------------|
| Swimmers Name |
| |
| |
| |

Payment

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

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: _____

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