



OPEN .....

NAME (in full) .....

ASA MEMBERSHIP NO .....

DATE OF BIRTH.....

EVENT NO	EVENT	ENTRY TIME

CONTACT TELEPHONE NO DAYTIME .....

EVENING .....

NUMBER OF EVENTS.....

COST PER EVENT..... TOTAL COST.....

PLEASE MAKE CHEQUES MADE PAYABLE TO B.L.S.C

Please note that the club will not pay for a poolside/coach pass if fewer than 10 swimmers are attending. Parents have to be willing to contribute to such a pass.

Please make sure that this form has all your details on it before you hand it in to the gala secretary.