

Manual Meet-Entry Form

Name of Meet												Date						
Name of		Length																
First Name								Surname										
Registration No.																		
Birthdate							Swimmers Age (on first day of meet)											
Team Ab							Sex (Pleas	ease circle)							М	F		
	e.g.			A R A K														
Event	Stroke	Ple Dista		rint (Iegib	le entries will Date	not be	acce			iovo	d At	<u> </u>			
No			IICC		Entry Time		Achieved	Meet				Venue						
									-									
									<u> </u>									
		ng abbr	eviati	ons f	or str	okes	s: FF	REE, BACK, B										
No. Of Entries								Amount Enclosed (Cash / Cheque)										
Total								\$										
																	1	
Entry tim	e Certified	by CI	ub O	ffici	al (p	leas	se p	rint details b	elow	1)								
Name								Title										

Please help Club Handicappers by filling out this form correctly

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