

16th INVERCLYDE MASTERS OPEN SWIMMING MEET

Waterfront Leisure Complex, Greenock

Friday/Saturday 10th/11th September 2010

RELAY TEAM ENTRY FORM

Please Print Clearly

1. PERSONAL INFORMATION

TEAM REPS FULL NAME: _____

ADDRESS: _____

POSTCODE: _____ TEL NO: _____

CLUB NAME: _____

2. RELAY EVENTS ENTERED

- ◆ All Relay Swimmers must be affiliated to the same Swimming Club
- ◆ A Swimmer cannot swim for more than one team per relay event and can only represent one Club in the competition
- ◆ Ages of teams are total age as at 31st December 2010
- ◆ A time must be submitted below in order to enter an event
- ◆ Entries without a time will be allocated to the slowest heat
- ◆ **ENTRY FEE PER TEAM - £4.00**

EVENT	SEX	Up to 119	120 – 159	160 – 199	200 plus
4 x 50m Freestyle	MIXED				
4 x 50m Medley	MIXED				

NO TIME CARDS REQUIRED

SEE OVER

3. PAYMENT DETAILS

I enclose the following fees:

Number of Relay Teams entered _____ x £4.00

TOTAL AMOUNT DUE £ _____

Payment of fees should be made by cheque or Postal Order and made payable to:

Inverclyde Masters Swimming Club.

All Entry Forms accompanied by the relevant Entry Fees should be forwarded to:

**Donald Muirhead
3 Ryan Road
Wemyss Bay
PA18 6DH**

4. DECLARATION

I declare that the above particulars are correct and would confirm that the Club Members who comprise the Relay Teams have read, understood and agree to abide by the “Competitors Safety Code” appertaining to this Swim Meet as outlined within the related Information Booklet.

Signature: _____ Date: _____

Name Printed in Full: _____

CLOSING DATE FOR ENTRIES – 14th AUGUST 2010