

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ASA Membership No** | | | | | | | | | **Forename (s)** | **Surname** | |
|  |  |  |  |  | |  |  |  |  |  | |
| **Date of Birth** | | | | | **Age on 31/12/20** | | | | **Phone Number / Email** | **Gender** | **M/F** |
|  | | | | |  | | | |  | | |

**Entry for: Lancashire County Championships 2020**

**Date: 11th/12th January, 25th/26th January and 8th/9th February 2020**

**LICENSE: T.B.C**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Event** |  |  |  | **Meet time achieved** |  |  |  |
|  | **Min** | **Sec** | **.00** |  | **Day** | **Mth** | **Year** |
| **50 Freestyle** |  |  |  |  |  |  |  |
| **100 Freestyle** |  |  |  |  |  |  |  |
| **200 Freestyle** |  |  |  |  |  |  |  |
| **400 Freestyle** |  |  |  |  |  |  |  |
| **800 Freestyle** |  |  |  |  |  |  |  |
| **1500 Freestyle** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **50 Breastroke** |  |  |  |  |  |  |  |
| **100 Breastroke** |  |  |  |  |  |  |  |
| **200 Breastroke** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **50 Backstroke** |  |  |  |  |  |  |  |
| **100 Backstroke** |  |  |  |  |  |  |  |
| **200 Backstroke** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **50 Butterfly** |  |  |  |  |  |  |  |
| **100 Butterfly** |  |  |  |  |  |  |  |
| **200 Butterfly** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **100 IM** |  |  |  | **NOT AT THIS GALA** |  |  |  |
| **200 IM** |  |  |  |  |  |  |  |
| **400 IM** |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Total Number of Entries** |  |  |  | **Cost per Event £6.00**  **Coaches Pass £2.00**  **Please make cheques payable to**  **Garstang Swimming Club**  **Please write the swimmers and competition name on the reverse** | **£**  **£** | | |
|  |  |  |  | **Total Amount** | **£** | | |

**CLUB CLOSING DATE Thursday 19th December 2019**

**I certify that the above entry times have been achieved in a licensed competition, in the qualifying period and accept that all entries for the above swimmer may be rejected if the times cannot be verified on the ASA Rankings.**

**SIGNED**: …………………………………………………………………………………………………………………..**DATE: ……………………………….**