

18th National Swimming Championships for Primary Schools 2012



**PLEASE REFER TO YOUR DIVISIONAL INFORMATION
BEFORE COMPLETING THIS ENTRY FORM**

SCHOOL	
SCHOOL ADDRESS:	Teacher in Charge on Poolside:
	School Telephone Number:
	Teachers Email Address:
POST CODE:	

*The above school wishes to compete in the Divisional Round of the National Swimming Championships for PRIMARY SCHOOLS' 2012 and agrees to abide by the regulations controlling this event.
ALL SWIMMERS must be born between 1/9/2000 and 31/8/2002 inclusive*

EVENTS ENTERED (Please tick relevant box)	4 x 25m FREESTYLE RELAY	4 X 25m MIXED STROKE RELAY
BOYS TEAM		
GIRLS TEAM		
SMALL SCHOOLS TEAM		

This section to be completed by ALL schools			
NUMBER OF PUPILS ON ROLL		NUMBER OF SWIMMERS IN YOUR TEAM	
YEAR 5		BOYS	
YEAR 6		GIRLS	

Signature of Headteacher or Deputy
Please Note: This entry is invalid unless signed

TYPE OF SCHOOL? (Please Tick)

State

Independent

**PLEASE RETURN THIS COMPLETED ENTRY
FORM, ENTRY FEE AND AFFILIATION FEE
TO THE ORGANISER OF THE EVENT.**

**REFER TO YOUR RELEVANT DIVISIONAL
WEB PAGE FOR FURTHER INFORMATION**

**It is now a requirement of entry to this
competition that you nominate one ADULT
who may be asked to help at the Gala:**

Name of Helper.....

**Have you an ASA Official who will be willing
to officiate?, if so:**

Name of Judge.....
Contact Tel:

Name of Timekeeper.....
Contact Tel: