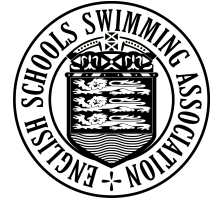




# 17<sup>th</sup> NATIONAL SWIMMING CHAMPIONSHIPS FOR PRIMARY SCHOOLS 2011



## TEAM LIST – DIVISIONAL ROUND

**School:**

**Division:**

**Event:**  
*(Please tick relevant box)*

	4 x 25m Freestyle Relay	4 x 25m Mixed Stroke Relay
<b>Boys Team</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Girls Team</b>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Small Schools Team</b>	<input type="checkbox"/>	<input type="checkbox"/>

	FULL NAME <i>(PLEASE USE BLOCK CAPITALS)</i>	DATE OF BIRTH <i>(from 1/9/99 to 31/8/2001)</i>	SCHOOL YEAR
1			
2			
3			
4			
Reserve			

**Adult in charge, on the poolside:**

I confirm that the above pupils are on the full-time roll of the above School and that their dates of birth, as given above, are correct.

**Signature**  **Date**   
*(Teacher in charge)*

**A SEPARATE TEAM LIST MUST BE SUBMITTED**  
**AT EACH STAGE OF THE CHAMPIONSHIPS**