

TRING SWIMMING CLUB

Open Meet Entry Form

Open Meet Name: Meet Date:

Name : Phone No:

Date of Birth A.S.A. No.(please complete)

Back	Time	Breast	Time	Fly	Time	Free	Time	I.M.	Time

Fee per Entry Total Amount:

Please return Completed Form and Entry Fee to Gill Davies 01442 382915

Please make cheques payable to "Tring Swimming Club".

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