

West Midland Championships 2018 Team Declaration Form



Please complete the below information regarding the team that you are submitting. This form should be completed by a coach or team manager at least one hour before the start of the session where the team event is to be swim.

In line with the gala conditions, please ensure that at least two of the swimmers in your team have a regional qualifying time in their age group.

Team Name.....

Club.....

Event Number	Event	Tick
123	Mens 14/16 Yrs 400m Medley Team	
124	Mens 17 Yrs/Over 400m Medley Team	
151	Mens 14/16 800m Freestyle Team	
152	Mens 17/OV 800m Freestyle Team	
223	Womens 14/16 Yrs 400m Medley Team	
224	Womens 17 Yrs/Over 400m Medley Team	
251	Womens 14/16 800m Freestyle Team	
252	Womens 17/OV 800m Freestyle Team	
351	Mens 14/16 Yrs 400m Freestyle Team	
352	Mens 17 Yrs/Over 400m Free.Team	
451	Womens 14/16 Yrs 400m Free.Team	
452	Womens 17 Yrs/Over 400m Free.Team	

First Name	Surname	ASA Number

Name.....

Signed.....

Date.....

Time.....

Official Use Only Received By (Initials)	Date Received	Time Received