

Staffs Masters - Medley/ Freestyle Team Declaration Form

TEAM DECLARATION FORMS MUST BE SUBMITTED TO THE RECORDER 1 HOUR BEFORE THE START OF THE SESSION

CLUB					TEAM: A, B, C etc		
TYPE OF TEAM (Tick as appropriate)	MALE		FEMALE		MIXED		
AGE GROUP							

PLEASE TICK AS APPROPRIATE:

4 x 50 Medley Team		4x50 Freestyle Team		6 x 50 Free Team	
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NAMES OF SWIMMERS IN SWIM ORDER

Name	ASA Member No.	Date of Birth DD/MM/YEAR
1 st Leg		
2 nd Leg		
3 rd Leg		
4 th Leg		
Reserve		
Reserve		

NAME (PLEASE PRINT):

SIGNATURE:

DATE:

TIME.....