

Staffs ASA - Medley/ Freestyle Team Declaration Form

TEAM DECLARATION FORMS MUST BE SUBMITTED TO counties@staffsasa.co.uk by 18:00 Thursday 13th April

CLUB						TEAM: A, B, C etc	
TYPE OF TEAM (Tick as appropriate)	MALE		FEMALE		MIXED		
AGE GROUP (YRS) (Tick as appropriate)	9/10	11&U	13&U	15&U	JUNIOR	SENIOR	

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/5 th Leg		
Reserve/6 th Leg		

NAME (PLEASE PRINT):

SIGNATURE:

DATE:

TIME.....