

APPLICATION FORM

Team Bath AS team record

- Family Name: Given Name:
- Date of Birth:.....
- Male / Female:.....
- ASA No:
- Distance:..... Stroke:.....
- Electronic time:.....
- Manufacturer of Electronic Equipment:
- Length of Course: 25m / 50m
- Venue:.....
- Date of competition:.....
- Competition title:.....
- Competitor email Address:.....

The age of the competitor on the day is the age range in our records file.

Once completed please send this form to the competitions secretary:
meet.entries@teambathas.co.uk for committee approval