MULTI ENTRY CARD

swimming new south wales

First Name	Last Name		
Swimming Club **Wests Illawarra Aquatic Swim Club**			
Date of birth	Age	Classification	ID No
Name of Meet			Date of Meet

Event No	Stroke	Dist-ance	Entry Time	Achievement Date/Place
	@ $_____ = TOTAL $_____			

PLEASE COMPLETE ALL COLUMNS

Stroke Abbreviations

F/S : B/K : B/S : FLY : IM : F/S RELAY : MED RELAY

_____ SIGNATURE **Swimmer/Parent/Guardian**

_____ SIGNATURE **Club Race Secretary/Official**

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