|  |
| --- |
| CITY OF LIVERPOOL SWIMMING CLUB(Affiliated to the Swim North West A.S.A.) |
| President Mr.N.Wilkinson | Ianduck.bmp |
| Life Vice President Mrs.D.Jameson | Life Vice President Mr.T.Tunstall |
| Chairman Mr.B.Langley | Vice Chairman Mr.C.Grayson |
| Chief Coach Mr.M.Roberts | Secretary Miss M. Langley |
| Website: [www.colsc.weebly.com](http://www.colsc.weebly.com) |

|  |  |
| --- | --- |
| Swimmers Name |  |

Dear Swimmers/parents/guardians,

Please find attached some of the meet information, the programme of events and an entry form for the Wigan Best Meet to be held at the Wigan Life Centre on 27th / 28th / 29th November 2015. The full meet conditions are available to read on our website [www.colsc.weebly.com](http://www.colsc.weebly.com) or on [Wigan Best Meet Click Here](http://www.wiganbest.com/future-stars-open-meet-2/)

Once **FULLY COMPLETED**, Please return forms to me in person, via your squad coach, or post to:

7 Mossgate Grove, Liverpool, L14 0JT by **WEDNESDAY 21ST OCTOBER 2015** Thanks, NEIL

|  |  |
| --- | --- |
| **Club** | **City of Liverpool Swimming Club** |
| **ASA No.** |  | **Gender** |  |
| **Date Of Birth** |  |
| **Address** |  | **Tel no.** |  |
| **Email** |  |

|  |  |  |
| --- | --- | --- |
| **Event** | **Time****(25m)** | **Where and When Achieved?** **(THESE WILL BE CHECKED AGAINST THE RANKINGS)** |
| **50m Freestyle** |  |  |
| **100m Freestyle** |  |  |
| **200m Freestyle** |  |  |
| **400m Freestyle** |  |  |
| **800m Freestyle (GIRLS)** |  |  |
| **1500m Freestyle (BOYS)** |  |  |
| **50m Backstroke** |  |  |
| **100m Backstroke**  |  |  |
| **200m Backstroke** |  |  |
| **50m Breaststroke** |  |  |
| **100m Breaststroke**  |  |  |
| **200m Breaststroke** |  |  |
| **50m Butterfly** |  |  |
| **100m Butterfly**  |  |  |
| **200m Butterfly** |  |  |
| **200m Individual Medley** |  |  |
| **400m Individual Medley** |  |  |

|  |  |
| --- | --- |
| **Total Number of Entries** |  |
| **Total (£5.75 per individual or £10.00 for 800M/1500M)** |  |
| **Swimmer’s Signature** |  | **Date** |  |
| **Signed Parent/Guardian** **(If swimmer is under 18 years)** |  | **Date** |   |

\*\*Cash AND cheques acceptable - Please make cheques payable to ‘The City of Liverpool Swimming Club’\*\*





**This Gala is Age on Day**