Nomination Form
Heritage City Short Course Meet

FROM _____ SWIMMING CLUB

EVENT NO.	AGE at MEET	SWIMMER'S NAME	EVENT eg 50m Breast	DATE of BIRTH	BEST TIME

Please complete nominations IN BLOCK LETTERS BY SWIMMER and not by event.

- **The times nominated must be the best times swum for that stroke or event**
- **The above mentioned swimmers must be registered members of Queensland Swimming**

Please return to: **The Race Secretary**
Maryborough Swimming Club Inc.
PO Box 33
Maryborough Qld 4650

I accept full responsibility that the information and times supplied are true and accurate.

Signed _____ Name: _____ Phone: _____ Date: _____
Secretary/Nominations Officer — Please print name in block letters

Total Entries: _____ @ $ 3.00 per entry = $_____