

WONDAI OPEN SWIMMING MEET
5TH NOVEMBER 2011
COVERING NOMINATION FORM

NOMINATING CLUB:

ADDRESS:

CONTACT PERSON:PHONE:

TOTAL NUMBER OF INDIVIDUAL EVENTS: _____ @ \$3.50 = \$ _____

I HEREBY CERTIFY THAT THIS CLUB IS AFFILIATED WITH SQ AND THAT THE ATTACHED ENTRANTS ARE ALSO REGISTERED WITH SQ AND EACH DATE OF BIRTH SHOWN IS CORRECT, AND ALL ENTRANTS HAVE RECORDED THE TIMES SHOWN AGAINST THEIR NAMES.

DATE.....SECRETARY.....PHONE.....

MULTI DISABILITY COMPETITORS:

NAME: _____ CLASSIFICATION _____
 NAME: _____ CLASSIFICATION _____
 NAME: _____ CLASSIFICATION _____
 NAME: _____ CLASSIFICATION _____

VOLUNTEER PARENTS WISHING TO BECOME A 'TECHNICAL OFFICAL'

NAME	EG. TIMEKEEPING

**NOMINATION WILL BE ACCEPTED VIA NOMINATION FORM
 NOMINATION BY FRIDAY 28TH OCTOBER, 2011**

MAIL TO:

RACE SECRETARY PO BOX 20 WONDAI 4606
EMAIL :- wondai@widebayswimming.org.au