**SUMMARY SHEET**

### **Contact Details**

Club:

Match Secretary:

Address:

Tel. No.

Email Address:

### **Declaration**

* I confirm that all swimmers entered in this competition have a current SASA membership.
* I confirm that all swimmers entered into the female category were recorded female at birth.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Position in Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(This declaration must be completed by all competing clubs)

**ENTRY SUMMARY**

|  |  |  |
| --- | --- | --- |
|  | Number  | Cost  |
| INDIVIDUAL SWIMS@ £7.00 EACH(PER EVENT FOR SWIMMERS ENTERING FEWER THAN 5 EVENTS) |  |  |
| BONUS FEE @ £30.00 EACH(PER SWIMMER FOR SWIMMERS ENTERING 5 EVENTS) |  |  |
| RELAY ENTRIES @ £7.00 EACH |  |  |
| COACHES MEAL TICKET @ £7.00 EACH |  |  |
|  |  |  |
| TOTAL |  |  |

Closing Date: Sunday 16th February 2025 or whenever the meet is full, whichever comes first.

**OFFICIALS SHEET**

**Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**STO Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- |
| **NAME** | **DUTY** | **SIGNATURE REQUIRED** | **SESSION 1** | **SESSION 2** |
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**Mentoring Requests – please note that mentoring will be at the discretion of the Referee(s) on the day.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **NAME** | **J1/J2/J2S** | **SPECIAL REQUESTS eg CIT** | **SESSION 1** | **SESSION 2** |
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**Please return to Calum Leat**

**Email: alfordotterssto2024@gmail.com**