**LONG COURSE TIME TRIALS 27 & 28 MAY 2017**

**SUMMARY SHEET Match Secretary \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Club Name/Abbr \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Tel. No \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **E-mail address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| …... Individual Age Group Male Entries @ £6.00…... Individual Age Group Female Entries @ £6.00…… Coach Meal Passes @ £12.00  | £ …........£ …........£ ………... | **CLOSING DATE – 28 APRIL 2017** **Paperwork to be received within 3 postal days of closing date.****Cheques should be made payable to:**  **SASA NORTH DISTRICT****BACS Payment Reference TT17 followed by Club Code eg TT17NANX** |
|  | TOTAL | £ …....... | **Have you enclosed or sent: Cheque (or BACS payment)** **Hy-tek Team Manager Entry File** **Declaration and Summary Sheet** |
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**Declaration** I confirm that all swimmers entered in this competition have paid their current SASA membership fee.

I confirm that all coaches passes will only be issued to individuals from our club that are known to be registered with the PVG scheme through Scottish Swimming.

Signed …...................................... Position in Club …..................................... Date …...........................

(This declaration **must** be completed by all competing clubs)