**Stonehaven A.S.C. invites you to their Santa’s Elves Mini Meet**

*(Under FINA and SASA Rules)*

**Sunday 3rd December 2017**



Given the time of year and age groups for this meet, festive fancy dress is positively

encouraged! A special prize will be awarded to the best dressed team.

**Venue** Montrose Sports Centre, Marine Avenue, Montrose, DD10 8TR

**Pool** 25 Metres, 6 Lanes, anti-turbulence ropes, spectator seating area for c100 people.

**Sessions** Session One: Warm up 0900, Start 1005

 Session Two: Warm up 1345, Start 1450

**Age Groups** 8/9, 10 and 11 years. Age as at day of meet.

**Events** Please see attached sheet for programme of events. All events will be HDW.

 Relay teams are **MIXED GENDER (each team must include at least one boy and one** **girl)** with a maximum combined age of 40 years. Relay team entries will be restricted to a maximum of two teams per club.

 Swimmers must only swim in their own age group and must be entered in an individual event in order to be part of a relay team.

 One start rule will apply. Over the top starts will be used where practical; this is a Level 2 meet, and swimmers will be expected to be able to dive.

**Entry** Entries to be on HY-TEK Files only.

 Download Entry File from either [www.sasanorth.org.uk](http://www.sasanorth.org.uk) or [www.swimscotland.co.uk](http://www.swimscotland.co.uk)

 Or email Entries Secretary, Sally Yuda for entry file (sascgalasecretary@gmail.com)

 Entries will be allocated to clubs on a **‘whole club, first come, first accepted’** basis.

Please note that this is a club competition and entries from composite teams will not be accepted.

 **\*\*\*CLOSING DATE FOR ENTRIES IS 5th November 2017\*\*\*\*OR WHEN EVENT IS FULL IF SOONER\*\*\***

Late entries will not be accepted.

 **All swimmers must have paid their current SASA registration fee.**

**Entry Times** No consideration times have been set for this meet. Entry times need not be accredited, but real or training times should be entered for all swims to allow seeding of heats. NT entries not will be accepted.

 Stonehaven ASC reserve the right to restrict the number of heats in any event, and to fill empty lanes with their swimmers.

**Entry Fee** £5.00 per individual event

 £6.00 per relay team

 All payments to be paid to –

 Stonehaven ASC Gala Fund

 Bank of Scotland

 Sort Code 80-09-68

 Account Number 00154633

 Summary Sheet to be sent to Sam Heighes **sascgalafund@gmail.com**

**Accreditation** Has been applied for, therefore please complete the registration declaration.

 Licence number*: ND/L2/022/DEC17*

**Awards** Medals will be presented for 1st, 2nd and 3rd places in each event. Points will be awarded for the first six places in each event, (10 points for 1st placed, 8 for 2nd placed, 6 for 3rd placed, 4 for 4th placed, 2 for 5th placed, and 1 for 6th placed), and prizes will be presented to the boy and girl achieving the most points in their age group.

 ***Prize for best festive dressed team!***

**Withdrawals** Withdrawals should be notified to the recorders desk at least one hour prior to the start of the appropriate session.

**Officials** Clubs are asked to provide a list of officials willing to help on the day. **All clubs are expected to provide a minimum of 1 official per session. Clubs that have 12 swimmers or more should provide a minimum of 2 technical officials per session, at least one of which should hold a minimum qualification of Judge 1.**

Mentoring requests will be considered by the Meet Referee. It may be more likely for mentoring requests to be honoured if the clubs attending the meet provide a supply of qualified officials (Judge & above), however we cannot guarantee all requests to be granted. Please note that probationary Judges and Timekeepers wishing specific signatures, i.e. Chief timekeeper or stroke, should make this request when names are submitted.

Please complete the enclosed form and return it with entries. Lunch will be provided for those individuals who officiate during the morning session, and for one coach per club. Lunch vouchers may be purchased on the day for any additional coaches for £5.

**Please note** In the event of postponement, cancellation or abandonment of the event, refunds, if any, will be made at the absolute discretion of Stonehaven Amateur Swimming Club. Stonehaven Amateur Swimming Club will have no legal liability to make a refund or to pay any form of consequential or indirect damage such as loss of enjoyment, travel and accommodation costs.

**Cameras/Video** Please note that anyone wishing to use photographic equipment, including video cameras, must register on the day by completion of the appropriate application form at the entry desk.

The use of mobile phones is only permitted in designated areas, and will not be permitted either on poolside or in the changing areas in order to prevent any misuse of mobiles with integrated digital camera/video equipment.

**Gala Convenor Angela Rosie**

**E-mail: angelatrosie@gmail.com**

**Tel: 07740 679591**

**Entries Secretary Sally Yuda**

 **Address: Torridon, High Street Drumlithie, AB39 3YZ**

 **Email: sascgalasecretary@gmail.com**

**EVENTs**

**Session One:** Warm up 09:00 Start 10:05

Event 101 Boys Open (8 – 11 years) 100 IM

Event 102 Girls 8/9 years 25m Butterfly

Event 103 Boys 8/9 years 25m Butterfly

Event 104 Girls 10 years 50m Backstroke

Event 105 Boys 10 years 50m Backstroke

Event 106 Girls 11 years 50m Breaststroke

Event 107 Boys 11 years 50m Breaststroke

Event 108 Girls 8/9 years 50m Backstroke

Event 109 Boys 8/9 years 50m Backstroke

Event 110 Girls 10 years 50m Breaststroke

Event 111 Boys 10 years 50m Breaststroke

Event 112 Girls 11 years 50m Freestyle

Event 113 Boys 11 years 50m Freestyle

Event 114 Mixed 4 x 50 Medley Relay

**Session Two:** Warm up 13:45 Start 14:50

Event 201 Girls Open (8 – 11 years) 100 IM

Event 202 Boys 8/9 years 50m Breaststroke

Event 203 Girls 8/9 years 50m Breaststroke

Event 204 Boys 10 years 50m Freestyle

Event 205 Girls 10 years 50m Freestyle

Event 206 Boys 11 years 50m Butterfly

Event 207 Girls 11 years 50m Butterfly

Event 208 Boys 8/9 years 50m Freestyle

Event 209 Girls 8/9 years 50m Freestyle

Event 210 Boys 10 years 50m Butterfly

Event 211 Girls 10 years 50m Butterfly

Event 212 Boys 11 years 50m Backstroke

Event 213 Girls 11 years 50m Backstroke

Event 214 Mixed 4 x 50 Freestyle Relay

**Technical Officials Sheet**

**Club: ................................................................................**

**STO Contact: ................................................................................**

**Telephone: ................................................................................**

**E-mail: ................................................................................**

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| **NAME** | **DUTY** | **SESSION** | **SIGNATURES?** |
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Trainee Judge 1, Judge 2 or Judge 2S please enter names below requesting mentoring sessions. These will be at the discretion of the referee and the availability of suitable mentors.

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| **NAME** | **DUTY** | **SESSION** | **SIGNATURES****TO DATE?** |
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**PLEASE RETURN THIS FORM WITH YOUR ENTRIES**

**Summary Sheet**

**Club: ................................................................................**

**Contact Name: ................................................................................**

**Address: ................................................................................**

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**Telephone: ................................................................................**

**E-mail: ................................................................................**

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| Individual Female Entries @ £5.00 £Individual Male Entries @ £5.00 £Relay Team Entries @ £6.00 £ TOTAL £ |

Closing date for entries is – Sunday 5th November 2017

**Please enclose: Officials Sheet**

**Summary Sheet**

**Declaration:** I confirm that all swimmers entered in this competition have paid their current SASA membership fee.

Signed **................................................................................**

Position in Club **................................................................................**

Date **................................................................................**

**PLEASE RETURN THIS FORM WITH YOUR ENTRIES**

**To: Sally Yuda, Torridon, High Street, Drumlithie, AB39 3YZ**

**Email: sascgalasecretrary@gmail.com**