**ALFORD OTTERS**

**5th 200 MEET**

**Sunday 23 April 2017**

**Fraserburgh Swimming Pool**

**SUMMARY SHEET**

**Contact Details**

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

Match Secretary: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Tel. No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Declaration**

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

Signed: ......................................... Position in Club ........................................

Date: ..............................

(This declaration must be completed by all competing clubs)

**Entry Summary**

FEMALE INDIVIDUAL ENTRIES……… @ £5.50 = £ ………

MALE INDIVIDUAL ENTRIES ……… @ £5.50 = £ ………

MIXED RELAY ENTRIES ……… @ £7.00 = £ ………

COACHES MEAL TICKET ……… @ £6.00 = £ ………

TOTAL = £ ………

CLOSING DATE: 24 March 2017

PLEASE MAKE CHEQUES PAYABLE TO: ALFORD OTTERS ASC

**ALFORD OTTERS**

**5th 200 MEET**

**Sunday 23 April 2017 - Fraserburgh Swimming Pool**

**OFFICIALS SHEET**

Club \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Meet Officials Convenor: Durno Jessiman

Carnethy

Forbes

STO Contact Name **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Alford AB33 8QL

Tel: 01975 563619

## Tel No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Email: carnethy6@hotmail.com

## Email Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| **NAME** | **QUALIFIED LEVEL** | **SIGNATURE REQUIRED?** | **SESSION**  **1** | **SESSION**  **2** |
| **Mr Example** | **J2S** | **No** | **Y** | **Y** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **NAME** | **TRAINEE LEVEL** | **SIGNATURE REQUIRED?** | **SESSION**  **1** | **SESSION**  **2** |
| **Mrs Example** | **Trainee J1** | **Yes CIT** | **Y** | **Y** |
|  |  |  |  |  |
|  |  |  |  |  |