File No:

MULTIPLE ENTRY CARD

SWIMMING NSW INC.

First Name | Last Name

Swimming Club

Canberra Amateur Swimming Club

Date of Birth	Age	CAP. No

Name of Meet	Date of Meet

Event No	Stroke	Dist-ance	Entry Time	Achievement Date / Place

@ $ = TOTAL $

Please include an additional $2.00 for per card to assist paying for coaching staff to attend the Meet.

SWIMMER / PARENT / GUARDIAN _____

Please use the following abbreviations for stroke

FREE : BACK : BREAST : FLY : I.M.
FREE RELAY : MED RELAY

CLUB RACE SECRETARY / OFFICIAL

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