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 $ _____

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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