

ENTRY FORM

Name:									
Age:			Male/Female			Parent / Guardian:			
Swim school level (please circle):									
Basic	Foundation	2i	2	3	4	5	6/7	squad	special needs
Email address:									
Phone number:									
Please notify staff of any conditions which may require attention during your time at the centre or during your child's swimming event:									

Choose Your Event

Entry fee \$5.50 for noodle races & \$11.50 per child for races.

Please tick your events

Para-lympics	Level Basic – Level 1	Level 2 Main pool	Level 3	Level 4	Level 5	Level 6/7	squad
ANY SWIM	Noodle races	15m freestyle	25m freestyle	25m freestyle	25m freestyle	50m freestyle	50m freestyle
		15m back stroke	25m back stroke	25m back stroke	25m back stroke	50m back stroke	50m back stroke
				25m breast stroke	25m breast stroke	50m breast stroke	50m breast stroke
							100m medley THAT IS: 25 m backstroke 25 m butterfly 25 m breaststroke 25 m freestyle

OFFICE USE ONLY: payment has been made and a copy of the receipt is attached.

Staff taking booking: _____ Date: _____ amount received \$ _____

Name entered into event



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