





# ROCHESTER SWIM CLUB

## ENCOURAGEMENT MEET

### Entry Form

Surname	First Name	MALE FEMALE
DOB (dd/mm/yyyy)	Age as at meet date	
Club (if applicable)	Meet Manager ID (if applicable)	

Event No	Stroke	Distance	Entry Time (if applicable)

All details on the form have been completed in full and are correct.  
 No refund will be given for withdrawal of entry on any grounds.

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_

Send to: Entries Secretary, Rochester Swim Club PO Box 286, Rochester 3561 or email to rochesterswimclub@gmail.com

Entry Fees can be sent using a cheque along with your Entry Form or payment can be made through the following bank details.

BSB 633 000      Acc No 139698971      Ref – swimmers' surname and initial