

INTERSTATE COMPETITION CLEARANCE

SWIMMER DETAILS

Name: _____ Membership Number: _____

Address: _____

Phone: _____

Email: _____

Club Name: _____

INTERSTATE MEET

State Swimming Association: _____

Name of Meet: _____

Location of Meet: _____

Date of Meet: _____

**** Please return this form to: greta.brodie@nsw.swimming.org.au**