

INTERSTATE COMPETITION CLEARANCE

CLUB DETAILS

Club Name: _____

Club Contact Person: _____

Address: _____

Phone: _____

Email: _____

SWIMMERS

Name	Membership Number

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**