

Name of competitor: \_\_\_\_\_ DOB: \_\_\_\_\_  
(dd/mm/yyyy)

State: \_\_\_\_\_ Male:  Female:

Age Group: *(eg Open, 16 years etc)* \_\_\_\_\_

Classification: S14/Blind/Functional/Deaf/Transplant. Class: \_\_\_\_\_

Stroke: *(Freestyle, Backstroke, Breaststroke, Butterfly, Individual Medley),* \_\_\_\_\_

Length of Event: \_\_\_\_\_ Length of Course: 25m  50m

Electronic Time: \_\_\_\_\_

Hand Held Time *(There must be three hand held times)*

1: \_\_\_\_\_

2: \_\_\_\_\_

3: \_\_\_\_\_

Competition Title: \_\_\_\_\_ City: \_\_\_\_\_

Name of Pool: \_\_\_\_\_ Date of Race: \_\_\_\_\_

Name of Referee: \_\_\_\_\_ Signature: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Organisation: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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**OFFICE USE ONLY**

Application Received: \_\_\_\_\_ Ratified:  Denied:

Reason for Denial: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Signature: \_\_\_\_\_