



# Swimathon 2009

## Entry Form



Please enter details in BLOCK CAPITALS

Organisation
Name of Team
Team Captain
Tel No: (Work) <span style="float: right;">Tel No: (Home)</span>
Address
Post Code
E-Mail address

We wish to enter \_\_\_\_\_ team(s) for the above event and would prefer to participate at the following times:-

Saturday	6 pm	7 pm	8 pm
Sunday	6 pm	7 pm	8 pm

	1 <sup>st</sup> Choice	2 <sup>nd</sup> Choice
Saturday 17 <sup>th</sup> October 2009		
Sunday 18 <sup>th</sup> October 2009		

Please circle the relevant option:

Our team(s) will include children under the age of 18 YES / NO

Completed forms to be returned to:-  
 Guy Garfit, 1 Barkway Road, Royston SG8 9EA  
 Tel: 01763 242137; Fax: 01763 243332; email: [guy@garfit.co.uk](mailto:guy@garfit.co.uk)

### Closing date for Entry – Saturday 3rd October 2009

For Official use only

Date Entry Rec'd \_\_\_\_\_  
 Entry Number \_\_\_\_\_  
 Total number of Entries to date \_\_\_\_\_