



Henley and Grange Swimming Club

Competition Nomination Form

Swimmer's Name:				Date of Birth:
Meet Name:				Date of Meet:
Event No.	Age Group	Distance	Stroke	Entry Time & Date/Meet Achieved
Contact Name:				Phone:
Signature(parent/guardian to sign if under 18):				Amount Enclosed:

Please return completed form and payment in an envelope to the nominations box or your coach at least one week prior to the Swimming SA closing date for the nominated Swim Meet.



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