METROPOLITAN EAST SCHOOL SPORT

10-19YRS ATHLETES IN A MULTICLASS EVENT SWIMMING NOMINATION FORM

Complete this form to nominate for a 10-19yrs Athletes in a Multi-class Swimming Event at the Metropolitan East Regional Swimming Trials.

| Student Name | |
|----------------|--------------------|
| Date of Birth | Gender (select) |
| School | Age Group (select) |
| Classification | Exceptions |

Select (\checkmark) your desired event and complete the details.

| Select (✓) | Event | Name of Meet | Date of Meet | Time |
|---------------|------------------------|--------------|-----------------|------|
| | 50 Metre Freestyle | | | |
| | 50 Metre Backstroke | | | |
| | 50 Metre Breaststroke | | | |
| | 50 Metre Butterfly | | | |
| | 100 Metre Freestyle | | | |
| | 100 Metre Butterfly | | | |
| | 100 Metre Breaststroke | | | |
| | 100 Metre Backstroke | | | |
| | 200 Individual Medley | | | |
| | 200 Metre Freestyle | | | |

| Certification - The times listed above have been certified by: | | | | |
|--|--|-----------|--|--|
| Name: | | Position: | | |
| Signature: | | Date: | | |

Return this form to the District Swimming Convenor no later than the day of the District Swimming Trial.