



No gala entry will be accepted without the relevant entry fee.

**SOUTH TYNESIDE SWIM TEAM**

Name: ..... Gala Date: ...../...../.....  
 Age On : ...../...../..... Age: ..... Date of Birth: ...../...../.....  
 A.S.A NUMBER: ..... Male/Female.....  
 Gala Event .....

**PLEASE REMEMBER TO BRING YOUR A.S.A REGISTRATION CARD WITH YOU TO ALL GALA EVENTS**

EVENT	TIME			EVENT	TIME		
	MIN	SEC	1/10		MIN	SEC	1/10
50 Free				50 Breast			
100 Free				100 Breast			
200 Free				200 Breast			
400 Free				50 fly			
800 Free				100 Fly			
1500 Free				200 Fly			
50 Back				100 IM			
100 Back				200 IM			
200 Back				400 IM			
Total Number of Entries				@			= £

Please sign and return this form with the required entry money. If there are any problems could you discuss them with the relevant coach as soon as possible.

**Parents/Guardians Please note**

**It is your responsibility to ensure that all MEDICAL and CONTACT details are up to date.**

Please provide an emergency contact number.

**EMERGENCY CONTACT NUMBER:**

I hereby give consent for my child to swim at the above gala and confirm that all contact and medical details are up to date. I enclose the correct money for this event.

Parent/Guardian signature: ..... dated: ...../...../.....

**Please return this form and relevant money by:**

If possible please pay by cheque, made out to STSC.