swimming new south wales

MULTI ENTRY CARD

First Name		Last Name	
Swimming Club Carlile Swimming Club Inc.			
Date of Birth	Age	Classification	ID No
Name of Meet			Date of Meet

Event No	Stroke	Distance	Entry Time	Achievement Date / Place

@ $_____ = Total $_____

_____
SWIMMER / PARENT / GUARDIAN

_____
CLUB RACE SECRETARY / OFFICIAL

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