**SWIM ULSTER SENIOR SCHOOLS CUP & CHAMPIONSHIPS – 7.2.2025**

 **Entry Form - Individual Events**

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name** |  | **Name of Contact** |  |
| **Address** |  | **Mobile No** |  |
| **Email Address** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Groups 5, 6 & 7****Entry must include Entry Time – essential for 400m Free** | **Total****£6 / €7 per Individual Swim** |
| **Name** | **M/F** | **Date of Birth** | **Name of Swim Club** **(if applicable)** | **100m Back** | **100m Breast** | **100m Fly** | **100m** **Free** | **200IM** | **400m Free**  |  |
|  |  |  |  |  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
| **Total** |  |

**Please continue on additional form if required**

**I certify that the above pupils attend this school and that their dates of birth are correct and I also approve the 2 Swimmer Supervisors attending the Meet.**

**Swimmer Supervisor 1 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Swimmer Supervisor 1 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Principal / Teacher in Charge of Sport : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Stamp**

 **SWIM ULSTER SENIOR SCHOOLS CUP & CHAMPIONSHIPS 2023**

**Entry Form – Relay Events**

|  |  |  |  |
| --- | --- | --- | --- |
| **School Name** |  | **Name of Contact** |  |
| **Address** |  | **Mobile No** |  |
| **Email Address** |  |

|  |
| --- |
| **Relay Events - £12 (€14) per Team per event – swimmers may enter 2 relay events – swimmers may “swim up”.****At least one swimmer on each team must swim in the correct age category** |
| **Medley Team Relay** | **Male / Female** | **Group** | **Swimmers Names x 4** | **Date of Birth** |  |
|  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |
|  |  | **£12.00** |
| **Freestyle Team Relay** | **Male / Female** | **Group** | **Swimmers Names x 4** | **Date of Birth** |  |
|  |  |  |  |  |  |
|  |  |  |  |
|  |  |  |
|  |  | **£12.00** |
|  | **Total**  |  |

**Please continue on additional form if required**

**I certify that the above pupils attend this school and that their dates of birth are correct and I also approve the 2 Swimmer Supervisors attending the Meet.**

**Swimmer Supervisor 1 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Swimmer Supervisor 1 : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Principal / Teacher in Charge of Sport : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Stamp**