

INDIVIDUAL NOMINATION**SQUAD:** (CIRCLE APPLICABLE) **A B C D NOVICE**

NAME:.....

SURNAME:.....

GENDER: M / F D.O.B: AGE AS OF 29/03/14:.....

CLUB:.....

COACH:.....Email:.....

CONTACT ADDRESS:.....

EMAIL:.....

Contact Phone:.....

PARENTS/ GUARDIAN SIGNATURE:.....

Parents / Guardians Signature PRINT:.....

Relationship to competitor:.....

COMPETITION: (TICK OR CIRCLE as APPLICABLE)**INDIVIDUAL EVENTS ONLY ABLE BODY AND MULTI CLASS****NATIONAL:** 2014 AGE 2014 OPEN 2014 OPEN WATER
2014 MC AGE OR OPEN**STATE:** 2014 AGE LC 2014 MC AGE LC
2014 AGE OPEN LC 2014 MC OPEN LC
2013 OPEN WATER**AREA:** 2013 LONG COURSE CHAMPIONSHIPS
2013 SHORT COURSE CHAMPIONSHIPS
2014 5 TO 8 YEARS MEET
2014 SPRINT MEET
2014 SPEEDO HEATS**MAILING ADDRESSES (With nomination form):****INTERNET:** development@metrosw.org.au**BY POST:** DEVELOPMENT, 13 Parkham Street Chester Hill NSW 2162**Development Convener: Leonardo Repeti 0425 255 260**