2017 METROPOLITAN EAST SWIMMING TRIALS 10 – 19YRS ATHLETES IN A MULTI CLASS EVENT NOMINATION FORM

This form must be used to nominate for 10 – 19yrs Athletes in a Multi-Class Event.

Please be aware that nominating does not guarantee automatic selection. Nominations will be restricted by lane availability. Students will be notified by their school as to whether their nomination has been successful.

Name of Student: _	 	 		
Date of Birth: _	· · · · · · · · · · · · · · · · · · ·			
School:				
Classification:	· · · · · · · · · · · · · · · · · · ·			Exceptions:
EVENT		TIME		WHEN/WHERE
50 Metre Freestyle				
50 Metre Backstroke				
50 Metre Breaststrok	е			
50 Metre Butterfly				
100 Metre Freestyle				
100 Metre Butterfly *				
100 Metre Breaststro	ke *			
100 Metre Backstrok	e *			
200 Individual Medle	y *			
200 Metre Freestyle	*			
at the Regional Tri	al on 28	February 2017 Event wishing	7. This form	vent will not contest these events is also to be used for 10 – 19yrs e for these events at the State
		CERIIF	ICATION	
I,time stated on this form.		(name) cert	tify that the ab	ove mentioned student has swum the
Signed:				_
Position:				_
Date:				

This form must be returned to the District Swimming Convenor no later than the day of the District Swimming Trial.