

OXFORDSHIRE & NORTH BUCKINGHAMSHIRE COUNTIES ASA

Affiliated to the Amateur Swimming Association (South East Region)

Multi- Disability County Championships 2010

(Under A.S.A. Laws & International Paralympic Committee (IPC) Rules of swimming)

Temple Cowley, OXFORD
Stantonbury Campus, MILTON KEYNES
Aquavale Leisure Centre, AYLESBURY
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Sunday 14th February 2010 (800/1500m F/S)
Sunday 21st February 2010 (400s)
Saturday & Sunday 6th & 7th March 2010
Saturday & Sunday 13th & 14th March 2010

Please use BLOCK CAPITALS and please ensure that this form is filled in fully and correctly otherwise your entry will not be accepted.

Surname: _____ Forenames: _____

Date of Birth: _____ Age as at 14th March 2010 _____

Registration No: _____ Club: _____

IPC Classification: _____ Please attach a copy of your Functional Ability Card

Male

Address: _____

Post Code: _____ Telephone No: _____

Description of Event	No	Submitted time converted to 25m pool time	Date time achieved	Competition and venue at which time achieved
1500m Freestyle	1			
400m Freestyle	3			
400m Individual Medley	5			
100m Backstroke MD	9			
50m Freestyle MD	14			
200m Individual Medley	22			
100m Butterfly	26/27			
50m Breaststroke	31/32			
100m Individual Medley	36			
200m Butterfly	42			
200m Breaststroke	44			
100m Breaststroke	47/48			
50m Butterfly	52/53			
200m Freestyle	63			
100m Freestyle MD	68			
50m Backstroke MD	73			
200m Backstroke	83			

IPC Classified Competitors may enter any other events in the championships providing they have gained the appropriate qualifying time, but these will not be classed as multi-disability events.

Submitted times must have been converted to a 25m pool time using the A.S.A. Equivalent Performance Tables which should be converted to one decimal place.

I hereby declare the above details are correct and that I am eligible to compete within the Laws of the Amateur Swimming Association and will abide by the conditions laid down by the Association for this Competition.

Signature of Competitor _____ Date: _____

I certify the above information is correct: _____ Signature and position of Club Official

Return the completed form, together with the entry fee of £4.50 per event to your club coach/club official.

Closing date for all entries – **Monday 25th January 2010.**
LATE/ INCOMPLETE/ INCORRECT ENTRIES WILL NOT BE ACCEPTED.

The Promoter reserves the right to ask for proof of times submitted.