

Swimming NT Manual Entry

PO Box 1960, Darwin NT 0801 Tel: (08) 8945 3578 Email: admin@nt.swimming.org.au



Athlete Details (All details must be completed in full in order for your entry to be accepted)

Name of Meet	Date of Meet	Country <i>(if not Australia)</i>	Club Name	Club abbreviations	Gender
Surname	First Name		DOB (dd/mm/yyyy):		Age as at 1st day of meet:
MC Classification (For swimmers with a disability only)					

Entry / Nomination Details

	Event Number	Stroke FLY, BACK, BREAST, FREE, IM	Distance	Entry time <small>(ensure time meets QT & is appropriate for the event, eg LC time for LCevent)</small>	Details of where entry time was achieved <small>(Entry time must have been achieved since 1st January of the year prior to the closing date of the meet).</small>		
					Date	Meet Name	Venue
1							
2							
3							
4							
5							
6							
7							
8							
TOTAL ENTRIES=		@ \$	per event	= \$	TOTAL (inc GST)		

Payment Method:

EFT

Swimming NT
BSB – 065 901
Account- 10587335
Ref:Last Name

Please attach receipt as proof of payment

Signature _____ Name _____

Daytime phone no. _____