



**STOCKSBRIDGE PENTAQUA SWIMMING CLUB
OPEN GALA ENTRY FORM**

*****PLEASE NOTE PAYMENT MUST BE MADE WHEN ENTERING GALAS*****

***** NO ENTRIES CAN BE ACCEPTED WITHOUT THE APPROPRIATE FEE *****

NAME OF GALA: _____

DATE OF GALA: _____

NAME OF SWIMMER: _____

DATE OF BIRTH: _____

AGE GROUP ON DATE OF GALA: _____

ASA REGISTRATION NUMBER: _____

Please enter time in event you wish to enter

Stroke	25m	50m	100m	200m	400m	Other
Backstroke						
Butterfly						
Breaststroke						
Freestyle						
IM						

Cost of Each Entry £ _____

How may entries _____ **at £** _____ **= Total amount of £** _____

Paid by Cheque / Cash **Signed by Parent** _____

Received by _____ **Date** _____