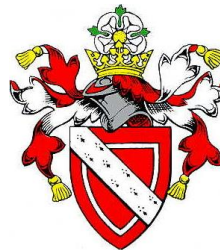


# Summer Madness Meet

## Saturday 13<sup>th</sup> July 2024

### Richmond Dales ASC



(Level 3 Long Course Meet - John Charles Aquatic Centre, Leeds LS11 5DJ)

#### PAPER ENTRY FORM

Affiliated Club:		SE Number:	
First Name:		Surname:	
Date of Birth:		Gender:	MALE/OPEN      FEMALE
Contact Telephone Number:			
Contact Email Address:			
Please confirm that this entry is approved (and the timings have been ratified) by your Coach:		YES	NO
Please give the name of the Coach/Team Manager who will accompany you poolside and be responsible for you during the competition (in compliance with Section 6 of the Meet Conditions):			

Event	Entry Time	Event	Entry Time
50M Freestyle		4 x 50M Boys/Open 12yrs and under Freestyle Relay	
100M Freestyle		4 x 50M Boys/Open 13yrs and over Freestyle Relay	
200M Freestyle		4 x 50M Girls 12yrs and under Medley Relay	
50M Backstroke		4 x 50M Girls 13yrs and over Medley Relay	
100M Backstroke		4 x 50M Girls 12yrs and under Freestyle Relay	
50M Butterfly		4 x 50M Girls 13yrs and over Freestyle Relay	
100M Butterfly		4 x 50M Boys/Open 12yrs and under Medley Relay	
50M Breaststroke		4 x 50M Boys/Open 13yrs and over Medley Relay	
100M Breaststroke		8 x 50M Mixed Cannon	
200M Individual Medley			

Number of Events Entered:		Total Payable (each event @ £7.50)	£
Payment made by: <i>(please indicate BACS/cheque)</i>		If paid by BACS please indicate date paid	

Please email paper entries to: [competitions@rdasc.org.uk](mailto:competitions@rdasc.org.uk)

**PLEASE DO NOT MAKE ANY PAYMENTS UNTIL YOU ARE INVOICED**

Clubs/Individuals will be **invoiced for payment after the closing date** and payment must be made in full prior to the Meet date. Payment is to be made by BACS transfer to Richmond Dales ASC, details below. Please include a Club reference (abbreviations accepted) followed by **SM24** eg RDASC SM24.

Account Name:	Richmond Dales ASC
Account Number:	02230798
Bank Sort Code:	54-30-43

Paper Entries and cheques can be posted to: Ruth Kneller  
4 Greta Place  
Middleton in Teesdale  
DL12 0RD

**Please sign below to confirm that you agree with the Promoter's Meet Conditions:**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(signed by Parent/Guardian/Swimmer 18+)*