NOMINATION FORM MULTI-CLASS SWIMMERS

WIDE BAY SCHOOLS SWIMMING TEAM

			WIDE BAT SCHOO	LS SVIIVIIVIING I	LAW
	NAME:				
	SCHOOL:				
GENDER:					
DOB:					
PARENT EMAIL:					
CLASSIFICATION: (eg. S1, S		S2 etc)			
must be s Instruct 1. T 2. E 3. T 4. W s	sighted prior to E tions: ick in the left h inter your best imes must be Vide Bay School	o the cham Intire form and column times and a swum in a ol Sport hav to compete	pionships. In must be completed In for events in which you also list when & where In 50m pool in the curr If a proved the use of In Multi-Class events.	d to receive nome ou wish to nominate performed. Please rent season, and w	nination package for Wide Bay Selection. provide a Meet Manager print out. vill be checked for accuracy. t Swimming Carnival times for any
Tick to ominate	EVENT TYPE		BEST TIME (Current season)	DATE	NAME OF EVENT
	50m Freest	yle			
	50m Backstroke				
50m Breaststroke					
50m Butterfly					
100m Freestyle					
100m Backstroke					
100m Breaststroke					
	100m Butte	erfly			
200m Freestyle					
	200m IM				
CERTIF	ICATION (by Princip	al/Teacher-in-Char	rge/Club Registr	ar)
I certify that times submitted by this swimmer and date of birth shown above are correct. Signature: Date:					

RETURN THIS NOMINATION FORM TO: wbssport@qed.qld.gov.au (Ph: 41220875)

BY: Friday 21 February, 2020