

HAMILTON AMATEUR SWIMMING CLUB  
 P O BOX 9273 HAMILTON  
 MEET ENTRY FORM

Meet Name : \_\_\_\_\_ Date \_\_\_\_\_

**NO MONEY - NO ENTRY**

YOUR ENTRY WILL NOT BE PROCESSED  
 WITHOUT THE CORRECT FEE

First name:	Middle Initial :	Last Name :
Age :	Gender : Male	Female

SWIMMERS ENTRIES

ITEM NUMBER	EVENT NUMBER	DISTANCE(M)	STROKE	BEST TIME Min:sec 1/100
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Number of Entries : \_\_\_\_\_ Cost per Entry : X \$ \_\_\_\_\_

Total = \$ \_\_\_\_\_ Money enclosed

Cheques payable to HAMILTON AMATEUR SWIMMING CLUB

Time Keeper or Other Official : \_\_\_\_\_

CASH \_\_\_\_\_

CHEQUE NO \_\_\_\_\_

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