

# DASC GALA ENTRY FORM

**TO BE RETURNED TO SQUAD REP BY .....**  
**NO ENTRIES WILL BE ACCEPTED AFTER THIS DATE**

Name.....

DOB.....ASA REG NO.....

<b>Gala Name</b>	
<b>Club hosting Gala</b>	
<b>Date of Gala</b>	
<b>Venue of Gala</b>	
<b>Website of Club hosting gala</b>	

The times you give below for an event must be accurate. If you have no times, please consult with your coach and squad rep, who can then decide entry times for you.

## Event Selection

FREE		BACK		BREAST		FLY		IM	
50		50		50		50		100	
100		100		100		100		200	
200		200		200		200		400	
400									
800									
1500									
<b>FEE PER SWIM</b>		<b>NUMBER OF SWIMS</b>				<b>AMOUNT PAID</b>			

Parent's/Guardian's Signature..... DATE.....

**For use only when accepted events have been issued**

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Rejected entries.....Refund.....

If you are unable to compete in any of your events please contact the event coach (number given below) asap or text their mobile number for last min withdrawals.

Event Coach.....

Contact Telephone Number(s).....