



HAYWARDS HEATH LIONS CLUB

27th SWIMARATHON

Good Friday, April 2nd, 2010
The Olympos Centre, Haywards Heath

ENTRY FORM

Name of Individual/Organisation/Club/School

Team Name

Name of Team Captain

Address

E-mail Address

Tel. No. Mobile No.

Time you wish to swim (Teams will commence swimming on the hour; First swim at 8am)

Please indicate ages of all 6 swimmers (at date of Swimarathon), if under 18:

Aged 12 and under Aged 15 and under Over 16 and over

Details of the time your team will swim, sponsorship forms and parental consent forms will be sent to you on receipt of your entry form.

The **GENERAL CONDITIONS** applying to the **SWIMARATHON** are printed overleaf.

I am the Team Captain and understand that participation in the Swimarathon is on a 50/50 share basis of any money raised. We wish to nominate :

.....
(Name and address of your chosen good cause) to benefit from 50% of the money we raise.

Signed Date

Please return this form to :
Roger Stevens, 36, Vale Road, Haywards Heath, RH16 4JS
Telephone : 01444 455727