

STARplex Swim Club - Nomination Form

Swimmer's Name:	DOB:
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Meet Name:				Date of Meet:
Event No.	Age Group	Distance	Stroke	Your Entry Time & Date/Meet Achieved
I would like to participate in a relay at this meet (if relay events are available):				YES / NO (please circle)

Contact Name:	Phone:
Email:	Amount Enclosed: \$



STARplex Swim Club - Nomination Form

Swimmer's Name:	DOB:
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Meet Name:				Date of Meet:
Event No.	Age Group	Distance	Stroke	Your Qualifying Time & Date Achieved
I would like to participate in a relay at this meet (if relay events are available):				YES / NO (please circle)

Contact Name:	Phone:
Email:	Amount Enclosed: \$