**SHROPSHIRE COUNTY MASTERS CHAMPIONSHIPS AND OPEN MEET**

**Sunday 10th September 2017**

**Wolverhampton Central Baths**

**Bath Avenue, WOLVERHAMPTON, WV1 4EG**

**(To be swum under ASA Laws and Technical Rules)**

**RELAY DECLARATION FORM**

**(To be completed by one Club Representative)**

**CLUB…………………………………………………………………………………**

**Age Groups: 60+ 120+ 160+ 200+ Male/Female**

**(please circle the age group you are entering, and the gender)**

|  |  |  |  |
| --- | --- | --- | --- |
| ***Name*** | ***ASA registration number*** | ***DOB*** | ***Age*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  | **TOTAL** |  |

**The Relay Declaration forms MUST be handed in to the Promotor by 30 minutes before the start of each session.**

***Signed:………………………………………………………………… Date:…………………………………………………***

***Time Received:…………………………………… by Whom:………………………………………………………….***

**The Relay Declaration forms MUST be handed in to the Promotor by 30 minutes before the start of each session.**