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CLUB-NIGHT NOMINATION FORM**FREESTYLE NIGHT**

Carnival Date: ____ / ____ / ____

Swimmer's Name: _____ Age @ Meet _____

Event No:	Distance	Stroke	Entry Time	Swim
1	25M	FREESTYLE	: :	
2	50M	FREESTYLE	: :	
			: :	
3	25M	BREASTSTROKE	: :	
4	50M	BREASTSTROKE	: :	
			: :	
5	25M	BACKSTROKE	: :	
6	50M	BACKSTROKE	: :	
			: :	
7	25M	BUTTERFLY	: :	
8	50M	BUTTERFLY	: :	
			: :	
9	100M	FREESTYLE	: :	
			: :	

Place Nomination form in envelope made out to East Brisbane Swim Club. This envelope is to be placed in the **NOMINATION BOX** at the office beside the 50m Churchie pool. Nominations **MUST** be in no later than the THURSDAY before Club Night.

NOMINATION BOX

EBSC Office 50M Pool Churchie

Or

POST OFFICE BOX

The Race Secretary - East Brisbane Swim Club
PO Box 7520
East Brisbane Q 4169

Race Secretary will **ONLY COLLECT** nominations from Nomination or Postal Box

CLUB-NIGHT NOMINATION FORM**BREASTSTROKE NIGHT**

Carnival Date: ____/____/____

Swimmer's Name: _____ Age @ Meet _____

Event No:	Distance	Stroke	Entry Time	Swim
1	25M	BREASTSTROKE	: :	
2	50M	BREASTSTROKE	: :	
			: :	
3	25M	FREESTYLE	: :	
4	50M	FREESTYLE	: :	
			: :	
5	25M	BACKSTROKE	: :	
6	50M	BACKSTROKE	: :	
			: :	
7	25M	BUTTERFLY	: :	
8	50M	BUTTERFLY	: :	
			: :	
9	100M	BREASTSTROKE	: :	
			: :	

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NOMINATION BOX

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Or

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CLUB-NIGHT NOMINATION FORM**BACKSTROKE NIGHT**

Carnival Date: ____/____/____

Swimmer's Name: _____ Age @ Meet _____

Event No:	Distance	Stroke	Entry Time	Swim
1	25M	BACKSTROKE	: :	
2	50M	BACKSTROKE	: :	
			: :	
3	25M	BREASTSTROKE	: :	
4	50M	BREASTSTROKE	: :	
			: :	
5	25M	FREESTYLE	: :	
6	50M	FREESTYLE	: :	
			: :	
7	25M	BUTTERFLY	: :	
8	50M	BUTTERFLY	: :	
			: :	
9	100M	BACKSTROKE	: :	
			: :	

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NOMINATION BOX

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Or

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CLUB-NIGHT NOMINATION FORM**BUTTERFLY NIGHT**

Carnival Date: ____ / ____ / ____

Swimmer's Name: _____ Age @ Meet _____

Event No:	Distance	Stroke	Entry Time	Swim
1	25M	BUTTERFLY	: :	
2	50M	BUTTERFLY	: :	
			: :	
3	25M	BREASTSTROKE	: :	
4	50M	BREASTSTROKE	: :	
			: :	
5	25M	FREESTYLE	: :	
6	50M	FREESTYLE	: :	
			: :	
7	25M	BACKSTROKE	: :	
8	50M	BACKSTROKE	: :	
			: :	
9	100M	BUTTERFLY	: :	
			: :	

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NOMINATION BOX

EBSC Office 50M Pool Churchie

Or

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PO Box 7520
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CLUB-NIGHT NOMINATION FORM

DISTANCE NIGHT

Carnival Date: ____/____/____

Swimmer's Name: _____ Age @ Meet _____

Event No:	Distance	Stroke	Entry Time	Swim
1	100M	IND - MEDLEY	: :	
2	200M	IND - MEDLEY	: :	
3	25M	FREESTYLE	: :	
4	50M	FREESTYLE	: :	
			: :	
5	25M	BREASTSTROKE	: :	
6	50M	BREASTSTROKE	: :	
7	25M	BACKSTROKE	: :	
8	50M	BACKSTROKE	: :	
9	200M	FREESTYLE	: :	
10	400M	FREESTYLE	: :	

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