NOMINATION FORM

Swim Meet: _____ Carnival Date: ____ /____ /____

Nomination Closing Date: ____ /____ /____

Swimmer's Name: _____ Age @ Meet _____

Event No:	Age	Distance	Stroke	Entry Time	Entry Fee
		M		: :	$
		M		: :	$
		M		: :	$
		M		: :	$
		M		: :	$
		M		: :	$
		M		: :	$
		M		: :	$
		M		: :	$
		M		: :	$
		M		: :	$
		M		: :	$
		M		: :	$
		M		: :	$
		M		: :	$
				Total Entry Fee	**$**

Place Nomination form in envelope along with cash or cheque made out East Brisbane Swim Club. This envelop is to be placed in the **NOMINATION BOX** at the office beside the 50m Churchie pool. Nominations MUST be in no later than the closing date advertised by our club.

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 **ONLY COLLECTS** nominations, with entry fee at Postal or Nomination Box