West District SC Senior Age Group Championships

Tollcross ISC Glasgow: 17th/18th November 2019

Summary Entry Form

** This form must be completed and returned with any entries. **

Club Name:					
Contact Name:					
Address:					
Post Code:					
Telephone:					
Email:					
Total Female Entries:		@ £8.00 each:	=	£	
Total Male Entries:		@ £8.00 each:	=	£	
Coaches Meals:		@ £10.00 each/Sat:	=	£	
Coaches Meals:		@ £10.00 each/Sun:	=	£	
Total Amount Enclosed:			=	£	
Signed:					
Position in club:					
Cheques payable to:	S.A.S.A	. Western District		Indicate	Method of Payment
BACS Transfer:	Bank of Scotland Account No: 00827834 Sort Code: 80-06-64 Identify As: 19SAG-ClubCode e.g. 19SAG-WAMX				
	Include	proof of transfer with	n this form.		
Return this form along w	ith entrie	es no later than <u>20th O</u>	ctober 2019	to:	
		John Deans 9 Tynron Court Hamilton			

entries@scotswimwest.co.uk

ML3 8XD

Licence No: L1/619/SS/NOV19