



## BELL MEET ENTRY CARD

Surname: \_\_\_\_\_

First Name: \_\_\_\_\_

DOB: 

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Email: \_\_\_\_\_

Phone: \_\_\_\_\_

School: \_\_\_\_\_

Age on Day  
of Meet: 

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- Event numbers:
1. 50m Butterfly
  2. 50m Backstroke
  3. 50m Breaststroke
  4. 50m Freestyle

Event No	Qualifying Time*	Distance	Stroke	Achieved At

**Information**

- \*Qualifying times (if available) will be used for seeding.
- Entry fee \$6.00 per event (note pool entry is not included).
- Multiple entries from schools can be submitted on an excel spreadsheet with all entry details for each child included and with one payment.

**SEND FORM AND ENTRY FEE TO:**

BY EMAIL:  
clubnight@westcoastswimclub.com

BY POST:  
West Coast Swimming Club  
PO Box 2641  
Mt Claremont WA 6010

OR: Placed in the Club Letter Box at  
Challenge Stadium

PAYMENT:

BY DIRECT DEBIT:  
BSB 016484 Acc No 437562241

BY CHEQUE: made payable to:  
West Coast Swimming Club

**For administration**

Signature of Registrar \_\_\_\_\_

Payment received \_\_\_\_\_