EASTERN PROVINCE AQUATICS

To be completed for each B & C Age Group Galas

NB: PLEASE COMPLETE ONLY ONE LIST FOR ALL SWIMMERS

PLEASE PRINT CLEARLY

NAME OF SCHOOL: _____

No	Comp #	Surname	First Name	Gender (B/G)	Ethnic Group	Date of Birth (dd-mm-yyyy)	Age	Freestyle	Breaststroke	Backstroke	Butterfly
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