

Participants Registration Form



8 Week

Synchronised Swimming Starter Course

Name: _____

Address: _____

Postcode: _____

Telephone: _____

Mobile: _____

(Please include an emergency contact number)

Date of Birth: _____

Course Information (please tick)

Filton Dolphin Pool-Saturday 19th January 2008, 9am-9.30am

Bristol University Pool-Sunday 20th January 2008, 2pm-2.30pm

Approx Swimming Ability/Badge: _____

Medical Conditions: _____

Please return form along with £ 35 payment (£20 for Bristol Central Club members)

Cheques made payable to Bristol Central Swimming Club

Return forms to: BCSC, 17 Benville Ave, Coombe Dingle, Bristol BS9 2RU

For confirmation of receipt of payment and place on course please provide e mail address: _____
