

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)

Bristol University Pool-

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, 42 Walsh Avenue, Hengrove, Bristol, BS14 9SL

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