

Central Lancashire Swimming & Waterpolo Association

Senior League Team Sheet

Date:

Venue:

Referee:

	Event	NAME	NAME	NAME	NAME
1	Junior Gents 4 x 2 Freestyle				
2	Junior Ladies 4 x 2 Freestyle				
3	Gents 4 x 2 Ind. Med.	Back	Breast	Fly	Free
4	Ladies 4 x 2 Ind. Med.	Back	Breast	Fly	Free
5	Gents Inter. 4 x 2 Freestyle				
6	Ladies Inter. 4 x 2 Freestyle				
7	Junior Gents 4 x 2 Medley				
8	Junior Ladies 4 x 2 Medley				
9	Gents 4 x 2 Freestyle				
10	Ladies 4 x 2 Freestyle				
11	Gents Inter. 4 x 2 Medley				
12	Ladies Inter. 4 x 2 Medley				
13	Junior Gents 4 x 2 Ind. Med.	Back	Breast	Fly	Free
14	Junior Ladies 4 x 2 Ind. Med.	Back	Breast	Fly	Free
15	Gents 4 x 2 Medley				
16	Ladies 4 x 2 Medley				

I CERTIFY THAT ALL COMPETITORS ARE MEMBERS OF THE CLUB THEY ARE COMPETING FOR AND WHERE AGE LIMITS ARE IMPOSED THEY COMPLY WITH ANY RELEVANT AGE CONDITIONS
IT IS ALSO CONFIRMED THAT NO COMPETITOR HAS COMPETED FOR ANY OTHER CLUB IN ANY OF THE ASSOCIATION'S SWIMMING COMPETITIONS THIS SEASON

TEAM MANAGER _____ CLUB _____