

SWIM MEETS FORM D SWIM ACADEMY SDN BHD 750654-V

Aras 3, Pusat Akuatik Nasional,

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PLEASE RETURN THE COMPLETED FORM TO ADMIN

Full Name of Swimmer(s) :				Gender : M / F	
Event : Sport Excel Grand Final Leg				Date of Birth:	
Event date : 15 th August - 16 th August 2015					
Event date :15** August - 10** August 2015				Contact No. :	
Event location : Bandar Tun Razak, Cheras				Email:	
Note:					
3) There will b4) Closing dat	oe no changes allowed te for submission of Sv	nsult coaches if requir d after submission of S wim Meet Form is 10/ ne for Events / Specia	Swim Meet Form. 7/2015 (Friday) @5.0	opm	
Event	Event No.	Best Time	Event	Event No.	Best Time
50m Back 100m Breast			100m Fly		
			50m Breast		
50m Fly 100m Free			100m Back 50m Free		
	erstand all the note ar	nd information and de	clare that the informa	tion provided is true ar	nd correct.
hereby read and unde					
		Signature:		Date:	
Remarks:		Signature:		Date:	
Remarks:		Signature:		Date:	
Remarks:		Signature:		Date:	