

Event No.

*Kindly visit www.dsaswimteam.com for more updates

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SWIM	MEET	FORM
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(FM-008-SWM-v2.0)

(OFFICE USE ONLY)				
PMS	By:	Date:		
Check	By:	Date:		

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Meet Title :		2nd (CSC Su	per Junior Swimming Invitation	onal 2017		
Meet Date :				5th - 6th Aug 2017			
Meet Location :			Chi	nese Swimming Club, Singapor	·e		
Entry Closing Date :			· · · ·	7 May 2017 @ 6pm	·		
Littly Closing Date .				7 May 2017 @ opin			
[A] SWIMMER DETAILS							
Full Name :							_
Date of Birth :			Ge	ender : M / F M	alaysian	: YES / NO	
Passport No. :			Co	ntact No. :			
[B] PARTICIPATING EVENT							
*Please fill in event to partic	Event	Best Tim			Event	Best Time	ī
Event	No.	M M : S S		Event	No.	M M : S S . S S	
50m Freestyle	110.			50m Breaststroke	140.	1 1 1 1 1	ļ
100m Freestyle				100m Breaststroke			t
200m Freestyle				50m Butterfly			İ
50m Backstroke				100m Butterfly			t
100m Backstroke				200m Individual Medley			•
		:	:			: :	ı —
[C] TERMS & CONDITION							
Deposit - \$\$50.00 per e Lunch Box Order - \$\$14 5) Fill up the event no., be 6) Coaches decision on sw 7) Registration, Event fee, 8) This form must be subn 9) All cost and arrangement 10) Swimmer shall meet up 11) An administrative fee or A penalty of \$\$50.00 sh By signing this, I hereby declaraterms and condition and here organizing committee under a	oo (max 4 every vent (2 days) *Opi st time and commer's even Deposit and I nitted to DSA and of transpor with the tear of \$\$20.00 sha all be impose the that all information and circumstant of \$\$\$ (100 may circumstant and circumstant all the commerce of \$\$\$ (100 may circumstant and circ	tional consult the coa at entry is final lunch box orde administrative tation and acc m manager & Il be imposed d on all DNS (I	ches bled. er muse countomod coach on eac Did No	true and correct and I have re- and any charges imposed by the erstand all decision made by DS	form will not be a controlled to the controlled	ot be accepted. pon form submisison. derstand all	
[D] SWIMMER'S & PARENT'S	AGREEMENT			[E] COACH'S AGREEMENT			
Swimme	r Signature			Coach	Signature	2	
Swimmer Full Name :				Coach Name :			
Date :				Date :			
				[F] OFFICE USE ONLY			
Parent	Signature			Admin Signatui	re & Paym	ent Stamp	
Parent Full Name :				Payment Amount : RN	M -		
Date :				Date & Time Received :			
			<- cut	here ->			
							_
[G] OFFICE USE ONLY - SWIMI	MER'S COPY						
Meet Title :		2nd CS	SC Sup	er Junior Swimming Invitation	al 2017		
Swimmer's Name :				Date and Time Received :			_

Remark