



SWIMMING QUEENSLAND NOMINATION FORM



Name of Meet: _____ Date of Meet: _____

Date of Birth

DAY	MONTH	YEAR
<input type="text"/>	<input type="text"/>	<input type="text"/>

Gender

Disability Class

Age on 1st day of meet

Club:

Surname: _____

First Name: _____

Event No.	Distance	Stroke	ENTRY TIME	Achieved	
				Meet	Date
			: .		
			: .		
			: .		
			: .		
			: .		
			: .		
			: .		

In nominating for a Swimming Queensland meet, swimmers agree that they may be photographed by Swimming Queensland's approved photographer, that the images may be displayed for viewing and purchasing on site during the Championship and on the photographer's secure website after the Championship, and that they may also be used by Swimming Queensland in its publications and on its website.

The abovementioned swimmer is a registered member of Swimming Queensland

_____ Secretary / Nomination Officer



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