

2012 METROPOLITAN EAST SWIMMING TRIALS
10 – 19YRS STUDENTS WITH A DISABILITY
NOMINATION FORM

This form must be used to nominate for 10 – 19yrs SWD Events.

Please be aware that nominating does not guarantee automatic selection. Nominations will be restricted by lane availability. Students will be notified by their school as to whether their nomination has been successful.

Name of Student: _____

Date of Birth: _____

School: _____

Classification: _____

EVENT	TIME	WHEN/WHERE
50 Metre Freestyle		
50 Metre Backstroke		
50 Metre Breaststroke		
50 Metre Butterfly		
100 Metre Freestyle		
100 Metre Backstroke		
200 Individual Medley		
200 Metre Freestyle *		

* Please note that 10 – 12yrs SWD will not contest this event at the Regional Trial on 28 February 2012. This form will be used for 10 – 12yrs SWD wishing to nominate for this event to the State Championships.

C E R T I F I C A T I O N

I, _____ (name) certify that the above mentioned student has swum the time stated on this form.

Signed: _____

Position: _____

Date: _____

This form must be returned to the District Swimming Convenor no later than the day of the District Swimming Trial.