

RBC Nationals Swimming Championships
June 19^h thru 22nd
Entry Grid



Club: _____

AGE GROUP: _____ **FEMALE** **MALE**

Please be sure to include the correct D.O.B. and event number, Thank You.

EVENT #	FREESTYLE						BACKSTROKE			BREASTSTROKE			BUTTERFLY			IM	
NAME	50M	100M	200M	400M	800M	1500M	50M	100M	200M	50M	100M	200M	50M	100M	200M	200M	400M
DATE OF BIRTH																	
DD/ MM/ YYYY/																	
DD/ MM/ YYYY/																	
DD/ MM/ YYYY/																	
DD/ MM/ YYYY/																	
DD/ MM/ YYYY/																	
DD/ MM/ YYYY/																	
DD/ MM/ YYYY/																	
DD/ MM/ YYYY/																	
DD/ MM/ YYYY/																	

APPROVED: _____
Signature of Club President, Coach or Secretary