



LSA LIONS 2019 CHARITY



SUNDAY 27th JANUARY 2019

SWIM TEAM APPLICATION FORM

Team Name	Name of Team Captain	Age Groups			
		Under 12	12-16	17+	Mixed
TEAM 1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAM 2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAM 3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TEAM 4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ORGANISATION NAME	ADDRESS
NOMINATED ORGANISER (USUALLY TEAM CAPTAIN)	
EMAIL ADDRESS	TEL NUMBER

ALL FURTHER CORRESPONDENCE REGARDING THE SWIM WILL BE SENT TO THIS EMAIL ADDRESS. PLEASE MAKE SURE THAT THIS ADDRESS IS BOTH VALID AND MONITORED AND THAT EMAILS DO NOT APPEAR IN YOUR JUNK FOLDER!

Important Information

On the day of the event team swims begin on the hour. The first swim commencing at 9 a.m. with the final swimmers starting at 5 p.m. Teams will be required to attend the pool 30 minutes prior to their designated time slot.

PREFERRED START TIME

Your time slot request will be honoured as far as possible, especially if you have entered more than one team. On receipt of this document we will email confirmation and ALL further correspondence will be via email, please monitor this address. Confirmation of your allocated time slot and further instructions will be send via email 7-10 days before the swim. For more information and copies of all documents, including printable extra sponsorship forms, please visit www.lsaswimarathon.org.

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