



19

Munster Regional Squads 2016/17

To claim your place, please complete all details below. Forms with the required €50 squad membership fee attached must be submitted for verification before attending squad activities.

Please forward to

Ms Margaret Fouhy, Lisnagourneen, Castletownroche, Mallow, Co. Cork.,

SWIMMERS DETAILS

Name: _____ Male / Female

SI Registration Number: _____ D.O.B: _____

Mobile: _____ Email: _____

(Parent or Guardian, if U18) _____

Home Contact Details: _____

CLUB DETAILS:

19

Club: _____

Club Coach: _____

Coach / Club Email: _____

CLAIM DETAILS:

Qualifying time must have been achieved since **June 1st 2016**.

1) Event: _____ Time: _____

Gala: _____

SQUAD APPLIED FOR:

Senior / Development

Please outline any medical issues or concerns that may impact on your ability to train.

VERIFIED BY (Signatures):

Swimmer: _____

Parent/Guardian

(If swimmer is u/18): _____

Club Coach: _____

Club Officer / Recorder: _____

Date: _____
