



ISLE OF WIGHT MASTERS SWIMMING CLUB
(Affiliated to South East Region ASA)

The Ninth "Heights" Isle of Wight Masters Open Meet
THE HEIGHTS LEISURE CENTRE, SANDOWN 25m POOL
(To be held under ASA Laws and Technical Rules)

Friday February 16th and Saturday February 17th 2007

Surname :		Male/Female													
First Name :		ASA Reg. No. :													
Club :		Date of Birth :													
Address :		Telephone No :													
Post Code :	Email :														
Age Groups – please circle the appropriate Group. Age as at 31 st December 2007															
S	A	B	C	D	E	F	G	H	J	K	L	M	N	O	P
19-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70-74	75-79	80-84	85-89	90-94	95+

INDIVIDUAL ENTRY FORM		
Ladies Events Odd Nos.	Mens Events Even Nos.	
Event No.	Events	Time
Session 1 Friday 2.30 p.m.		
1/2	Mixed 800m Freestyle	
Session 2 Friday 7.00 p.m.		
3/4	200m Freestyle	
5/6	100m Individual Medley	
Session 3 Saturday 9.30 a.m.		
7/8	100m Breaststroke	
9/10	50m Backstroke	
15/16	50m Butterfly	
17/18	100m Freestyle	
Session 4 Saturday 2.00 p.m.		
23/24	Mixed 400m Freestyle	
Session 5 Saturday 5.00 p.m.		
25/26	100m Butterfly	
27/28	50m Breaststroke	
29/30	100m Backstroke	
31/32	50m Freestyle	

TEAM ENTRY FORM			
To be submitted by one person per Club			
Event No.	Events	No. of Teams	
Saturday Morning			
11	Mixed Freestyle 240 yrs		
12	Mixed Freestyle 200 yrs		
13	Mixed Freestyle 160 yrs		
14	Mixed Freestyle 120 yrs		
19	Mixed Medley 240 yrs		
20	Mixed Medley 200 yrs		
21	Mixed Medley 160 yrs		
22	Mixed Medley 120 yrs		

Enclosed First Individual Event @ £4.00..... (includes programme)
other Individual Events @ £3.00.....
 Team Events @ £4.00.....Total (cheques payable to IWMSC) :

I declare the above particulars to be correct and agree to abide by the conditions laid down by the promoting Club for this competition. I certify that to the best of my knowledge I am physically fit and able to take part in Masters training sessions and competitive events, and have not been advised otherwise by a Medical Adviser. I therefore exonerate ASA, HCASA, SERASA, Club Officials and Meet Organisers from any injury as a result of my medical condition. I also confirm that I am proficient in the execution, where necessary, of entry dives in accordance with ASA recommendations.

Signed : _____ Date : _____

Entries with stamped, addressed envelope min. size 9" x 6" please, to : Mrs Jenny Ball, 52 St Johns Road, Newport, Isle of Wight, PO30 1LS.

Tel : 01983 525457 Email : jenballswim21874@aol.com

CLOSING DATE : MONDAY 22nd. JANUARY 2007