*Please use normal upper and lower case type, do not use all capitals.*

|  |  |
| --- | --- |
| **\*Full Event Name** |  |
| **\*Event Date(s)** |  |
| **\*\*List of Events** *Any other relevant text can be included here.* |  |
| **Closing date** |  |
| **\*Venue** |  |
| **\*Venue Address** |  |
| **\*Venue Postcode** |  |
| **\*Competition Course***e.g.**25m or 50m* |  |
| **\*Contact Name** |  |
| **Contact Phone Number***(Optional)* |  |
| **\*Contact Email Address** |  |
| **Web Address***If appropriate* |  |
| **Event Links***If different to above* |  |
| *\*Essential**\*\*Please provide a list of events in the form 50m, 100m & 200m all strokes, for example, do not refer to another document.* |
| Details of person submitting this form if different to the above |
| **Name** |  |
| **Email address** |  |
| **Telephone number** |  |
|  |
| *Email this form to* *comms@southeastswimming.org* |