

Please complete this form and return it to Sarah Kennedy, British Swimming Administration Officer (detailed at the bottom of the page) by no later than **5pm on 7th April 2017.**

Completion of this form is by no means any guarantee of selection. Swimmers completing this form are asked to read the selection policy for the event in full before submitting.

Name	
Date of birth	
Address	
Email contact	
Phone contact	
University, course, year of study	
Main event (pool swimmers)	
Club	

Please tick the box to indicate you understand the selection policy and eligibility criteria

I have read and fully understood all aspects of the Selection Policy, and acknowledge that failure to comply with any of the Selection Policy conditions could result in my non-selection or withdrawal from the selected team.	
I have read and understood the BUCS eligibility criteria for the event.	