



TEACHING  
MORE THAN JUST

*Swimming*

# SWIM MEETS FORM

**D SWIM ACADEMY SDN BHD** 250654-V  
 Aras 3, Pusat Akuatik Nasional,  
 Kompleks Sukan Negara Bukit Jalil,  
 57700 Kuala Lumpur, Malaysia  
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**PLEASE RETURN THE COMPLETED FORM TO ADMIN**

Student ID#

<b>Current details</b>	
Full Name of Swimmer(s) : _____	Gender : M / F
Event : <u>National Inter-Club Swimming Championships for the President Cup 2015</u>	Date of Birth: _____
Event date : <u>27<sup>th</sup> November – 29<sup>th</sup> November 2015</u>	Contact No. : _____
Event location : <u>Pusat Akuatik Hang Jebat, Melaka</u>	Email : _____

<b>Note:</b>
<ol style="list-style-type: none"> <li>1) Lunch, transport and accommodation services will not be provided.</li> <li>2) Kindly read and understand the President Cup 2015 Invitation, rules and qualifying time before filling and submitting Swim Meet Form to DSA administration counter. Consult coaches if required.</li> <li>3) There will be no changes allowed after submission of Swim Meet Form.</li> <li>4) Closing date for submission of Swim Meet Form is <b>21/10/2015 (Wednesday) @5.00pm</b></li> <li>5) The swimmers for relay event is duly on coaches decision.</li> </ol>

<b>Remarks on Participating Events / Best time for Events / Special Request:-</b>					
Event	Event No.	Best Time	Event	Event No.	Best Time
50m Butterfly			50m Breaststroke		
100m Breaststroke			100m Freestyle		
50m Backstroke			100m Backstroke		
100m Butterfly			50m Free		

I hereby read and understand all the note and information and declare that the information provided is true and correct.

I, \_\_\_\_\_ hereby agreed to pay for the penalty and any charges imposed by the Swim Meet organizing committee under any circumstances. I had also understand all the decision made by DSA coaches is final.

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

For Office use only	Admin Chop & Signature
Received from: _____	
Received amount: _____	
Date: _____	