

IN SUPPORT OF...



ENTRY FORM SWIM 4 AIR AMBULANCE

I would like to enterteam(s) in the Rotary Club of Cheltenham North Swim for Midlands Air Ambulance event at Cheltenham College Swimming Pool on Saturday 25 September at £.....per person.
Age Group: Under 12(£3.50).....12-16 (£3.50).....Over 16 (£5).....

Team Name:

Name of Team Member	Name of Team Member
1	5
2	6
3	7
4	8

Team Leader:

Name:.....

Contact Address:

.....

Post code:.....Tel:.....Mobile:.....

Email address:.....

- (1) I would like 100% of my sponsorship money to go to Air Ambulance
 - (2) I would like 50% of my sponsorship money to go to Air Ambulance and the other 50% to
- (Please delete as necessary)

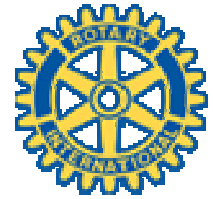
I enclose a cheque for £3.50/£5.00 per person to enter my team made payable to Cheltenham North Rotary Club

I have read the rules and agree to abide by them:

Signed:.....(Team Leader)

Please return with preferred start time to Dr Gill Rouse,
3 The Cherry Orchard, Staverton,
Cheltenham, Gloucestershire, GL51 0TR

☎ 01242 680532



ENTRY FORM

SWIM 4 AIR AMBULANCE

Please select 1st & 2nd choice of start time for each team

Team Name:.....

Start times:

	1 st Choice	2 nd Choice
2.00 – 2.45pm		
2.45 – 3.30pm		
3.30 – 4.15pm		
4.15 – 5.00pm		

Team Name:.....

Start times:

	1 st Choice	2 nd Choice
2.00 – 2.45pm		
2.45 – 3.30pm		
3.30 – 4.15pm		
4.15 – 5.00pm		

<http://www.rotary-ribi.org/clubs/homepage.asp?ClubID=593>

 gill.rouse3@btinternet.com