

West Wales Region Relay Team Registration

Event No:		Club:		Team (A/B)	
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Medley or Freestyle

9/11 12/14 15/18

NAMES MUST BE ENTERED IN THE ORDER OF SWIMMING

	Name	Swim Wales ID Number	Date of Birth
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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