

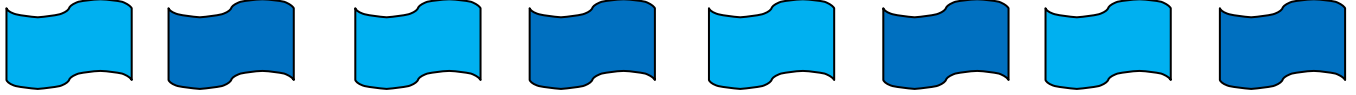


Charity No. 517919



Charity No. 1106148

# TADCASTER



## 24

### Booking form

#### MAIN CONTACT

Full Name: .....

Address: .....  
.....

Post Code: ..... Contact Tel No: .....

Email Address: .....

#### Preferred Swim Start Time: Thursday 14<sup>th</sup> November

7am  8am  9am  10am  11am  12noon  1pm  2pm  3pm  6pm  7pm   
8pm  9pm  10pm  11pm  12midnight  1am  2am  3am  4am  5am  6am

#### The event will finish at 7am on Friday 15<sup>th</sup> November

Total anticipated duration of Swim in hours: .....

Tick as appropriate ✓

**INDIVIDUAL SWIM**

**TEAM SWIM**  Teams will comprise 4 swimmers who will swim as many lengths as possible in the designated time slot. Teams can be children, adults, families or any combination.

The event will be open to any age group and any ability with under 8's accompanied by an adult in the water on a 1-2 basis (unless with a school group).

SWIMMER 1 NAME:  
.....

SWIMMER 3 NAME:  
.....

SWIMMER 2 NAME:  
.....

SWIMMER 4 NAME:  
.....

Please print out, complete and return to **Fiona Garnett, Sponsored Swim, Tadcaster Swimming Pool Trust, Westgate, Tadcaster, LS24 9AB** or send as an email attachment to [swimdevofficer@tadcasterpool.org.uk](mailto:swimdevofficer@tadcasterpool.org.uk).  
Swim times will then be allocated and the main contact informed.