**Club Entry Form – County League 2024**

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| --- | --- |
| **Club** |  |
| **Number of Teams** |  |
| **Team Names** |  |
| **Club Contact Name** |  |
| **Email Address** |  |

If your pool is available on the dates of the first two rounds, please complete the table below.

|  |  |  |
| --- | --- | --- |
| **Date** | **Venue / Pool** | **Lane Qty** |
| Saturday 13th April 2024 |  |  |
| Saturday 18th May 2024 |  |  |

Please submit this form to Tristan Gale by noon on **01st March 2024** by email on [meetpromoter@debenswimmingclub.co.uk](mailto:meetpromoter@debenswimmingclub.co.uk)