**Officials Request Form**

If you are registered with the ASA and are available to help at this meet we would very much appreciate your help. Please complete the form below and return it with your club entry or email to officials@norwichswansc.co.uk

Please tick below the sessions you are available:

|  |  |  |  |
| --- | --- | --- | --- |
| **Session 1****Saturday** | **Session 2****Saturday** | **Session 3****Sunday** | **Session 4****Sunday** |
|  |  |  |  |

|  |  |
| --- | --- |
| **FULL NAME** |  |
| **QUALIFICATION** |  |
| **ASA REG NO** |  |
| **TELEPHONE NO** |  |
| **EMAIL ADDRESS** |  |
| **CLUB/SWIMMER NAME** |  |
| **MENTOR REQUESTS** | If you require mentoring at any session please give details below of the tasks you require mentoring for: |

Thank you for your support, we will be providing refreshments before each session.

A hot lunch on both days for those who are helping all day