**WESTON-SUPER-MARE S.C.**

**Saturday 11TH & Sunday 12TH OCTOBER 2020 EASTER OPEN MEET**

OFFICIALS REPLY FORM

**Reminder:** Clubs attending this meet with 5 or more swimmers are requested that they provide at least one qualified official per session for every 10 swimmers entered. Please complete full details for each official below.

|  |
| --- |
| **CLUB NAME:** |
| **Official’s Name** |  |
| **Qualification (J1, J2 etc)** |  |
| **Licence** | **Number: Expiry Date:** |
| Email |  |
| **Session availability (please circle)** | **1** | **2** | **3** | **4** |
| **Official’s Name** |  |
| **Qualification (J1, J2 etc)** |  |
| **Licence** | **Number: Expiry Date:** |
| Email |  |
| **Session availability (please circle)** | **1** | **2** | **3** | **4** |
| **Official’s Name** |  |
| **Qualification (J1, J2 etc)** |  |
| **Licence** | **Number: Expiry Date:** |
| Email |  |
| **Session availability (please circle)** | **1** | **2** | **3** | **4** |

# Please ensure this form is submitted with your club entry.

**Closing date: Midnight Friday 20th MARCH 2020.**