**BUCS LONG COURSE SWIMMING CHAMPIONSHIPS**

REQUEST TO AMMEND ENTRY INFORMATION

**Guidance on completing the form**

1. This form must be completed to change any incorrect entry information.
2. **Section 1** must detail the entry exactly how it was published, including any errors.
3. Within **Section 2** you must re-enter the details with any incorrect information amended.
4. Please use a separate line for each individual entry that is incorrect.
5. Requests to change this data will incur an admin charge of £10
6. Changes will be accepted up to 5pm on Wednesday 12 February 2020
7. After the deadline above, changes at the event will incur an admin charge of £20 and will only be accepted in person, in the Omega Suite, between 3-5pm on Friday 14 February 2020
8. Completed forms must be sent by the Institution Administrator to entries@bucsswimming.org.uk

**INSTITUTION** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 1**

Please detail exactly the information on the entry **at the time of publishing**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First Name | Last Name | Date of Birth | ASA Number  | Para swimming classification | Session | Event  | Entry Time[MMSSMS] |
| *EG* | *Joe*  | *Blogs* | *01/03/1997* | *123456* | *S11* | *3* | *200 IM* | *222159* |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |

**Section 2**

Use this space to detail amendments to entry

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | First Name | Last Name | Date of Birth | ASA Number | Para swimming classification | Session | Event | Entry Time |
| *EG* | *Joe* | *Blogs*  | *01/03/1997* | *123456* | *S11* | *3* | *200 IM* | *022159* |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |

**SIGNED**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **PRINTED**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**ROLE AT INSTITUTION**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_