The Lions Club of Henley-on-Thames

SWIMARATHON

REGISTRATION FORM 2017

Organisation/Club Name_____

Address:_____

_____

Contact Name:_____

Telephone Number:_____email_____

Name of charity/club that your 50% share of funds will be donated to:_____

_____

Preferred start time (12.30, 1.15, 2.00, 2.45, 3.30 and if needed there could be a final slot at 4.15)

_____

(the earlier you book the more likely you are to swim at your desired time)

NAME OF TEAM	NO. OF SWIMMERS IN TEAM

Please return completed form as soon as possible to

E BRENT (MRS)

13 BARONSMEAD

HENLEY – ON - THAMES

OXON RG9 2DL

elizabethbrent@icloud.com