LICENSED MEET APPLICATION FORM



Please refer to Guidance notes before submitting an application

**Please complete clearly with Black Ink in BLOCK CAPITAL letters**

**(except email address)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name of Promoting Club | Beau Sejour Barracudas LBG | | | | |
| Name of Competition – as advertised | The Specsavers Meet 2017 | | | | |
| Level of Meet- Please tick | Level 1 | Level 2  x | Level 3 x | Level 4 | |
| Dates of competition/ venue and pool length  Results must be submitted to rankings on a weekly basis with a separate licence number. Therefore please use a different line for each week. 2 days over one weekend will be allocated one number so may be listed together. | Date  5th,6th & 7th May | Venue Beau Sejour Leisure Centre | | | Pool Length  25m |
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|  |  | | |  |
| Name of Meet Management Software | Hy-Tek | | | | |
| Contact Details:  Full Name | Debbie Osborne | | | | |
| Address | Le Coin  Forest Road  St Martin  Guernsey GY4 6UB | | | | |
| Telephone Number | 01481 747240 | | | | |
| Email Address | [osborne@cwgsy.net](mailto:osborne@cwgsy.net) | | | | |

**RESULTS MUST BE EMAILED TO** [**rankings@swimming.org**](mailto:rankings@swimming.org) **or** [**asarankings@yahoo.co.uk**](mailto:asarankings@yahoo.co.uk) **WITHIN 5 WORKING DAYS OF THE MEET TOGETHER WITH AN ELECTRONIC COPY OF THE RESULTS IN WORD OR TEXT FORMAT.**

Any meet organiser who does not have access to email must contact ASA Rankings at least 4 weeks in advance of the date of the competition to obtain instructions. (01509 640 761)

I agree that all particulars above are correct and I will ensure results are submitted in accordance with instructions.

I enclose a copy of the competition conditions and schedule of events.

**I understand that by signing this form I consent to the ASA publishing the above details (including the listed contact details) on the swimming.org website.  If at any time you wish to update these details please contact your Regional Co-ordinator.**

**I have read and understand the published Licensing Criteria as they apply to this Meet.**

Signed ………………………………………………….Date………………………………………….

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| --- | --- |
|  | Please tick |
| 1 | ✓ | Proposed schedule of events, including full details of how each session is to be constructed |
| 2 | ✓ | Length of each session – note maximum of 7.5 hours per day  If any session is over 3 hours, details of proposed breaks |
| 3 | ✓ | Copy of Promoter’s Conditions |
| 4 |  | Acceptance criteria for entries – method of filtering after closing date |
|  |  | 1. Entries restricted to ONE club |
|  |  | 1. Inter-Club event meeting the ASA definition of a Low Level Competition |
|  |  | 1. First-come, first-served, **except Levels 1 and 2** |
|  |  | 1. Fastest swimmers first |
|  | ✓ | 1. First acceptances from a particular area, then remaining places filled, and how |
|  |  | 1. Other – please define |
| 5 | ✓ | Upper and Lower Qualifying Standards to reflect the level of the Meet |
| 6 |  | Method of setting qualification and upper limit times |
|  | ✓ | 1. Use of software package or graded tables |
|  |  | 1. Exclusion of swimmers who have competed in, or qualified for, other competition (e.g. National, Regional or County) |
|  |  | 1. Other – please define |
| 7 |  | Level 4 – I enclose the fee of £25 for the year of 20......  OR the club has already paid the fee of £25 for the year of 20......  (please delete whichever is not applicable) |
| 8 | ✓ | Level 1 and 2 – I have liaised with the pool operator to ensure that the Pool Measurement Certificate is registered with the ASA |
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| --------------------------------------------------------------------------------------------------------------------------  FOR USE OF REGIONAL LICENSING OFFICER  Date Received………………….. Recommended ………………. | | |