



Only for foreign swimmers

XXXII^{es} French Summer Open Masters Championships
CHALON-SUR-SAONE from Thursday, 20th till Sunday, June 23rd, 2019

INDIVIDUAL ENTRY FORM (one per swimmer)

Country : _____ Name of the Club : _____

Name : _____ First Name : _____

Date of Birth : ____/____/____ Category : C ____ Woman Man

ENTRY TIME

Thursday, June 20th, 2019

	Min.	Sec.	100 ^{es}
800 Freestyle M :			
100 Backstroke W/M :			
100 Breaststroke W/M :			
50 Freestyle W/M :			
200 Butterfly W/M :			

Friday, June 21th, 2018

	Min.	Sec.	100 ^{es}
800 Freestyle W :			
50 Butterfly M/W :			
200 Backstroke M/W :			
100 Freestyle M/W :			
400 Medley M/W :			

Saturday, June 22nd, 2019

	Min.	Sec.	100 ^{es}
400 Freestyle M/W :			
200 Breaststroke M/W :			
50 Backstroke M/W :			
200 Medley M/W :			

Sunday, June 23rd, 2019

	Min.	Sec.	100 ^{es}
200 Freestyle W/M :			
100 Butterfly W/M :			
50 Breaststroke W/M :			

I, undersigned, declare that my health noted by the medical profession allows me to participate to the French Championships, Acted the ____/____/____ in _____ Signature