In the event of a withdrawal of a swimmer on medical grounds, event management must be informed before the start of the first session of a given meet. **Refunds will be processed on the receipt of a doctor’s medical note** when received before this deadline. Refunds are processed at the event management’s discretion.

Please complete the below application form and return with an appropriate medical note to swimwales-events@swimming.org

Complete applications (accompanied by a medical note) must be received before the start of the first session of the competition and will be processed after the event. Only completed applications will be processed.

|  |  |
| --- | --- |
| Name of the payee: |  |
| Email of payee: |  |
| Bank details |
| Sort Code: | Account No: |
| Name of withdrawn swimmer: |  |
| Membership number of swimmer: |  |
| Number of entries: |  |
| Competition name: |  |
| Reason for withdrawal: |  |
| **OFFICE USE ONLY** |
| Date received: |  |
| Authorised name: |  |
| Authorised signature: |  |