

Name of the Schoo	:	GALORE - 500			_ E-mail:		$\rightarrow \downarrow \downarrow \downarrow \downarrow$		
Group: I		Girls Boys							
Sl. No.	Name of the participant	Name of the participant Standard		200 mts. Individual Medley	100 mts Freestyle	50 mts Freestyle	50 mts Breast Stroke	50 mts Back Stroke	50 mts Butterfly Stro
				9					
			2///						
Name of the tea	cher	Signature		Contact	Number	1	Principal's Signatu	re with school ad	dress seal



ame of the School:					E-mail:					
Group II		Number of Pa	rticipants:		Gir	·ls / Boys				
Sl. No.	Name of the participant	Standard	Date of Birth	200 mts. Individual Medley	100 mts Freestyle	50 mts Freestyle	50 mts Breast Stroke	50 mts Back Stroke	50 mts Butterfly Stro	
			10							
			0///							
Na	nme of the teacher		Signature		Contact Numb	per	Principal's Signat	ture with school	address seal	



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Group III	Number of Par	rticipants:		Girls/Boys				
Sl. No.	Name of the participant	Standard	Date of Birth	100 mts Free style	50 mts Freestyle	50 mts Breast Stroke	50 mts Back Stroke	50 mts Butterfly Strok
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Name of the teacher	Signature Signature			Contact Number	Prir	ncipal's Signature v	with school addre	ess seal
			I	1				



Name of the School: _	SCS SCS Miller State Sta		4 SOUNDARTA		L SWIM MEET Z	.022			
Group IV	Number of Part	ticipants:		Girls/Boys					
Sl. No.	Name of the participant	Standard	Date of Birth	100 mts Freestyle	50 mts Freestyle	50 mts Breast Stroke	50 mts Back Stroke	50 mts Butterfly Stroke	
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			}			,			
Name of the teach	cher Signature			Contact Number	Princi	cipal's Signature wit	th school address	seal	
				1					
				1					



ame of the School:		TOALONE: 500		E-mail:					
roup V	Number	Girls Moys Market Marke							
Sl. No.	Name of the participant	Standard	Date of Birth	25 mts Freestyle	50mt Freesty		50 mts Back Stroke	50 mts Breast Stroke	50 mts Butterfly
		P.L.							
Name of the teache	er Signa	ature		Contact Number		Principa	l's Signature wi	th school address se	eal



ame of the School:	Thomas, in		- JOUNDAN		WINT WILLT ZOZ		
roup VI	Number of Partic	Girls Moys					
Sl. No.	Name of the participant	Standard	Date of Birth	25 mts Freestyle	50mts Freestyle	25 mts Back Stroke	25 mts Breast Stroke
				0/2			
			CK				
		11					
Name of the teach	er Signature			Contact Number	Principal's Si	gnature with school add	ress seal
	40						