



CITY OF EDINBURGH SWIMMING

APPLICATION FORM

Personal Details

Name:	
Address:	
	Postcode:
Tel:	
Email:	
Date of Birth:	
Current Club:	

Type of Membership Applied For (please tick)

Full	<input type="checkbox"/>
Part-Time	<input type="checkbox"/>
Temporary	<input type="checkbox"/>

Refer to explanatory document regarding types of membership

Signed:	Date:
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Please also complete the reverse side of this form and return to:

Centre Administrator, City of Edinburgh Swimming, Royal Commonwealth Pool, 21 Dalkeith Road, Edinburgh EH16 5BB (Fax: 0131 662 8966). You will be contacted by the Head Coach of CES shortly.

Please provide a brief outline of your swimming career (or attach your CV)

Please indicate your best long course times on your favoured strokes:

	Fly	Back	Breast	Free	I.M.
50m					
100m					
200m					
400m					
800m					
1500m					