



**EXPRESSION OF INTEREST FOR SELECTION IN 2006 SWIMMING  
ACT SQUADS – ALL SQUADS**

NOTE – PLEASE PRINT CLEARLY IN BLOCK LETTERS

<b>NAME:</b>	
<b>DATE OF BIRTH:</b>	
<b>ADDRESS:</b>	
<b>PARENT/GUARDIAN NAME/TELEPHONE NUMBER:</b>	
<b>MAILING ADDRESS (IF NOT SAME AS ABOVE):</b>	
<b>HOME TELEPHONE:</b>	
<b>MOBILE:</b>	
<b>E-MAIL ADDRESS:</b>	
<b>CLUB:</b>	
<b>REGISTRATION NUMBER:</b>	

**NOTE: All athletes are responsible for ensuring that Swimming ACT is notified of any changes to the above information. This information will be used for squad selection.**

**PLEASE RETURN THIS FORM BY ONE OF THE FOLLOWING METHODS:  
ELECTRONICALLY – [actswimming@webone.com.au](mailto:actswimming@webone.com.au)  
BY MAIL: Swimming ACT, Suite 12B, ACT Sports House, Maitland Road, Hackett  
ACT 2602  
BY FACSIMILE: 02 6230 1007**