

Rotary Club of Mansfield and the Armchair Club

Supported by Mansfield District Leisure Trust



Charity Swimathon

Held at the Water Meadows Swimming Complex

Saturday 1st October 2022

You have indicated that you wish to enter a team in the Rotary Club of Mansfield and the Armchair Club's Swimathon. The team's swimmers will swim for a period of approximately 15 minutes, sponsorship being by the number of lengths that each individual completes in that time, or a fixed amount.

Each individual will need an entry and sponsorship form, copies of which are enclosed. If you require any further forms please photocopy, or contact the undersigned, who will send them to you. Trophies will be awarded to the teams and individuals with the biggest sponsorship and those who swim the greatest number of lengths. There will be additional trophies for the younger swimmers. Every swimmer will receive a certificate and medal.

The collected money should be handed in to Mansfield Rotary Club. The Club will return 50% of the funds in a cheque made out to your charity.

Please complete, detach and return, ASAP, with individual team members' completed entry forms to: Denise Starkey, 4 Cambourne Gardens, Ravenshead, NG15 9FU

to be received no later than

| My organi | sation | | |
|--------------|---|------------|---------------------------|
| wishes to ta | ake part in the Charity Swimathon, to be held on either | or | (please tick one or both) |
| Name: | | Email: | |
| Address: | | | Postcode: |
| | act for this team, I undertake to collect in the sponsorship monic o the Rotary Club of Mansfield by | es and pay | Signed: |

The members of our team are: (up to a maximum of 12 per allocated time slot – swim 2 per lane)

| | Name | Address | Age |
|---|------|---------|-----|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |

N.B. The swimmer's age is only required if the swimmer is under 18. Presentation of trophies will take place at the end of the event at

Please provide a contact telephone number should a representative of your team be required.

| Name: | | | Phone: | | | | | |
|---|-----------------|--|--------|--|--|--|--|--|
| We would | like to swim at | | | | | | | |
| N.B. The swimmer's age is only required if the swimmer is under 18. Presentation of trophies will take place at the end of the event at | | | | | | | | |





www.mansfieldrotary.co.uk