

West Wight Waves – Saturday 28th March 2026
Application Form

Applicant Details:

First name of Swimmer:	Surname of Swimmer:
Date of Birth:	
Age on Date of Swim:	
Competing as: (Please tick) Individual <input type="checkbox"/> Team <input type="checkbox"/>	

Contact details: (parent or guardian's details if participant is under 16)

Name of contact:
Relationship to Swimmer:
Telephone number:
E-mail address:

Event details:

I am aiming to swim:

..... widths of the learner pool (4.75 metres)

..... lengths of the learner pool (10 metres)

..... metres (1 length of the main pool is 25 metres)

..... kilometres

I commit to raising a minimum of £20. My fundraising goal is:

£.....

Signed _____

Name _____

Date _____

ANY INFORMATION IS PROTECTED BY THE DATA PROTECTION ACT 2010

**Please return the completed application form to
West Wight Sports and Community Centre, Moa Place, Freshwater, PO40 9XH**