

**West Wight Waves – Saturday 28<sup>th</sup> 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:**

<p>I am aiming to swim:</p> <p>..... widths of the learner pool (4.75 metres)</p> <p>..... lengths of the learner pool (10 metres)</p> <p>..... metres (1 length of the main pool is 25 metres)</p> <p>..... kilometres</p> <p>I commit to raising a minimum of £20. My fundraising goal is:</p> <p>£.....</p>
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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**