

# Wyre Forest Swimming club

Affiliated to West Midlands Region

## Application to hold a Licensed Meet

Please refer to the current licensing criteria before submitting your application

### Applicant contact details

Name **Laura Colley**

Telephone **07843375783**

Email **laura.colley@wfsc.org.uk**

Contact details for inclusion on Swim England Calendar, including website address if applicable (please note that if this box is not completed then NO contact details will be included on the Swim England Calendar)

**1.**

Name of organising club **Wyre Forest swimming club**

Name of competition **Wyre Forest Spring off the Blocks**

Level of meet: **3**

**Level 1**

**Level 2**

**Level 3 Yes**

**Level 4**

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**A meet held over one weekend in the same pool will be allocated one number.**

Use this single line to list the venue (pool name AND town), pool length & dates.

Venue      Pool Length      Date

If events are to be held in separate pools or over an extended period (Club Championships etc) different numbers will be allocated. Use a separate line to list each of the individual venues, Pools & Dates.

Venue      Pool Length      Date

**Wolverhampton central Baths. 25m 12th/13th March 2022**

Venue      Pool Length      Date

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Meet Management software

**Sportsys**

Type of Timing equipment

**Electronic**

Age at date of meet **yes** OR      Age at end of year

## 2.

**If the meet is a Level 4, single club meet please proceed straight to section 3.**

Please show acceptance Criteria for Entries & method of filtering after closing date.

***Answer yes or no in each section***

- i] Entries restricted to certain clubs or geographical area. **No**
- ii] First come, first served **(Level 3 and 4 only) yes**
- iii] Top number taken in each event based on submitted times **NO**
- iv] First acceptances from a particular area, then remaining places filled **NO**
- v] One off meet with 8 or fewer invited clubs **(Level 4 only) NO**
- vi] Other (Please give a brief explanation) **Secondary Strobe lights will not be used**

## 3.

**The following information must be included with this application**

- a] Schedule of events, including details of the number of sessions.
- b] A copy of the Promoter's Conditions, to include details of the named individual with responsibility for dealing with any queries arising from them.
- c] A copy of the qualifying times (not required for level 4 galas)

I agree that all particulars above are correct and I will ensure results are submitted in accordance with instructions.

I understand that by submitting this form, I consent to Swim England publishing the above details (including the specified contact details) on the swimming.org website.

I confirm that the appropriate Risk Assessment has been carried out and, in particular, that the pool operator has approved the arrangements for Covid security.

**If at any time you wish to update or amend any details in this application please contact your Regional Licensing Officer.**

Name of Applicant      **Laura Colley**

Date      **19/1/22**

### **OFFICE USE ONLY**

Date Received

Date Approved

