** County Galas 2020 Annual coaches’ passes application form**

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| **Club** |  |  |

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| **No. of annual passes @£20** | **No Limit on numbers** | **Payment** | **To: Account sort code 402303 Account No 61770071** |

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| **Name of person** | **DBS number and date** | **Name of person** | **DBS number and date** |
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I hereby declare that these particulars are correct and that I am the nominated County Swimming Representative for this club

**SIGNATURE OF NOMINATED CLUB REP: DATE:**

**Please return from to County Welfare Officer** [**mross.berrycottage@btinternet.com**](mailto:mross.berrycottage@btinternet.com) **Pay with club entries via BACS to Worcester County S.A. Account sort code 402303 Account No 61770071**