**2017 INAS Swimming Championships**

**Aguascalientes, Mexico 27th November – 4th December**

**ATHLETE CONTACT DETAILS**

|  |  |
| --- | --- |
| Name:  | Date of Birth |
| Address | State:Postcode: |
| Email |
| Phone Home: | Mobile: |
| Swimming Club | Classification: S14, S14 Youth Down Syndrome High Functioning Autism |
| Passport Number | Expiry: |

**COACH DETAILS**

|  |
| --- |
| Name:  |
| Email: |
| Phone Home: | Mobile: |

**EVENTS** (Please list your best performance this season, including date and location)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Event | Performance | Date | Location | Personal Best |
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Please return form by **30 June 2017** to Tracy Lawrence at tracy.lawrence@sportinclusionaustralia.org.au or post to

Sport Inclusion Australia,

4 Lowry Place, Benalla VIC 3672