



TUGGERANONG TRIFECTA

Postal Swim

July-August 2020



Sanctioned by Masters Swimming Australia
Sanction No: PS06/2020

Three swims, each in a different stroke: 400m, 800m, 1500m

Entry fee: \$25 per swimmer



Welcome to Tuggeranong Masters Swimming ACT's postal swim!

This one will warm you up. Just the thing for those wintry days!
Double dip - a postal swim for you, and some Endurance 1000 points for your club.

New for 2020! All participants will receive a fabulous gold and red silicone 'Rampage of Vikings' swim cap as well as a **certificate**.

Entry Conditions

All three swims must be completed **between 1 July 2020 and 31 August 2020**.

You do not have to complete all swims in one day.

Each swim must be in a different stroke, and individual medley is allowed for 400m or 800m.

Swims may be completed in either a 25m or 50m pool.

Only one entry per swimmer.

Entries must be signed by a club official, e.g. secretary, president, recorder.

Entries must be postmarked/sent no later than Sunday, 13 September 2020.

Swimmers must be financial members of Masters Swimming Australia, or of their own country's official masters swimming national body.

Please send all entries from one club together via your club coordinator.

Send entries electronically by email to: aussivikings@gmail.com

Payment by bank transfer to: Tuggeranong Masters Swimming ACT

St George Bank BSB 112-908 Account Number 484 809 534

OR

Send entries by post to: Postal Swim Coordinator
Tuggeranong Masters Swimming ACT
PO Box 113
ERINDALE CENTRE ACT 2903

Cheques should be made payable to Tuggeranong Masters Swimming ACT.



Entry Form for Tuggeranong Trifecta 2020

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Please sign the participant agreement before attempting any of the swims:

I understand that I should not participate in this event unless I have an appropriate level of fitness and training. I verify that I am aware of the risks involved, and that I am sufficiently fit to take part in this event. I will not hold Tuggeranong Masters Swimming ACT responsible for any injury or illness sustained as a result of taking part in this postal swim. I also accept full responsibility for any costs incurred.

Swimmer's signature: _____

Name _____

Registration Number _____ Male/Female _____ Age Group _____ to _____

E-mail Address _____

Club Name _____ Club Code _____

Club Postal Address: _____

Swims

Distance	Stroke	Pool	Time	Date	Timekeeper
400m	FR BA BR BU IM	25m / 50m	: :		
800m	FR BA BR BU IM	25m / 50m	: :		
1500m	FR BA BR BU	25m / 50m	: :		

Club Official

Signature _____

Position _____

Date _____