

WHO FILLS IN THIS FORM?

- All Interstate, Development, Interclub and Invitational Teams.
- Individual Competitors who are competing independent from a team or club to identify a representative for protests and appeals.

PURPOSE OF THIS FORM:

- To provide information required to check competitor eligibility.
- To identify team composition for pointscore purposes.
- To nominate representative(s) who are authorised to lodge protests and appeals.

NB: Do not use this form to list relays and SERC team members for specific events (use the *Team Manager Lite* entry file – Rule 1.15 of the Sport and Competition Handbook).

TEAM INFORMATION

TEAM TYPE (highlight): **INTERSTATE** **STATE DEVELOPMENT** **INTERCLUB** **INVITATIONAL** **INDIVIDUAL COMPETITOR**

TEAM NAME: _____

TEAM OFFICIALS

Manager Name: _____

Coach Name: _____

Manager Email: _____

Coach Email: _____

PROTEST and APPEALS

By default, the Team Manager and Coach are authorised to lodge protests and appeals.

Teams may nominate alternative representatives noting that when alternative representatives are nominated the Manager and/or Coach they replace can NOT submit protest or appeals.

Manager Alternate: _____

Coach Alternate: _____

Email: _____

Email: _____

ELIGIBILITY TO COMPETE

All information regarding eligibility can be found in Section 1 of the [RLS Sport and Competition Handbook](#).

Reminder: To compete for an Interstate Team, the competitor **MUST** hold an award issued by a State or Territory Member Organisation (refer to Rule 1.6).

TEAM POINT SCORE COMPETITORS

If a competitor is a nominated relay swimmer only, please show the individual age group they will be competing in as a non-point scorer. For example, a U16 competitor nominated as a relay swimmer for U19 relay events only (provided they have the correct award) who will swim in U16 individual events.

AGE GROUP	MALE COMPETITORS	AWARD (circle one)	SERC/RELAY SWIMMER AGE GROUP	FEMALE COMPETITORS	AWARD (circle one)	SERC/RELAY SWIMMER AGE GROUP
U16		RLS Bronze Star / Equivalent			RLS Bronze Star / Equivalent	
		RLS Bronze Star / Equivalent			RLS Bronze Star / Equivalent	
U19		RLS Bronze Med / Equivalent			RLS Bronze Med / Equivalent	
		RLS Bronze Med / Equivalent			RLS Bronze Med / Equivalent	
OPEN		RLS Bronze Med / Equivalent			RLS Bronze Med / Equivalent	
		RLS Bronze Med / Equivalent			RLS Bronze Med / Equivalent	
		RLS Bronze Med / Equivalent			RLS Bronze Med / Equivalent	
		RLS Bronze Med / Equivalent			RLS Bronze Med / Equivalent	

FORM SUBMITTED BY

Name: _____

Position: _____

Signature: _____

FORM RECEIVED BY

Name: _____

Date: _____

Signature: _____