

CLUB ACCESS TO ITC WATER TIME APPLICATION FORM

ITC Venue(s) of Interest:				
Coach Name:				
Club:				
Telephone (Day):		Mobile Telephone:		
Telephone (Eve):		E-mail Address:		
I am interested in accessing any unused ITC Water Time at the above venue(s):	Dates (from – to)	Number of Lanes	Names of Swimmers	Names of Staff
1. If the ITC Group is away at anytime throughout the season	N/A			
2. To use the water time at the ITC designated for Training Camps				
Please state below the reasons for your application				

Coach Signature _____

Date _____

OFFICE USE ONLY

Date Paperwork Received:	_____
Date Information Updated on Central System:	_____
Decision made:	_____ _____ _____
Date ITC Head Coach informed	_____
Date ITC Lead Partner informed	_____
Date Club Coach informed	_____

PLEASE RETURN BOTH PAGES OF THIS FORM TO:

Tom Shaw, British Swimming

Medway Building, University of Loughborough, Epinal Way, Loughborough, LE11 3TU

Fax: **01509 260 625**