

Licensed Meet Application Form

Please refer to the Swim Wales competition and meet licensing regulations before submitting your application. Regulations and guidance can be found on the Swim Wales website.

Promoting Club/Region			
Name of Competition – as advertised			
Level of Meet (please highlight; see <i>competition and meet licensing regulations</i>)	Level 1	Level 2	Level 3
	League	Masters	Para-Swimming
Competition details Results must be submitted to rankings on a weekly basis with a separate licence number. Therefore please use a different line for each week. 2 days over one weekend will be allocated one number so may be listed together.	Date	Venue	Pool Dimensions (e.g 8 lane x 25m)
Name of Meet Management Software			
Name of Electronic Timing			
Lead Referee	Name:	Email:	
Meet Director/Event Manager	Name:	Email:	

Applications must be submitted with a complete electronic copy of the event information pack and schedule of events. Complete applications should be submitted to swimwales-events@swimming.org.

Successful applications will be uploaded to the Swim Wales event calendar once payment has been received.

Results must be emailed to rankings@swimming.org and event reports (summary only) to swimwales-events@swimming.org within 5 working days of the event.



Application agreement

I agree that all particulars above are correct and I will ensure results and reports are submitted in accordance with instructions.

I enclose a copy of the competition entry pack including conditions and schedule of events. Please return to swimwales-events@swimming.org

Signed Date.....

Payments to be made to Swim Wales within 7 working days of a successful application. Payments for meet license must be made before license numbers will be released.

Payment should submitted as follows via BACS to ensure payments are recorded and tracked:

CLUB_EVENT_DATE00/00/00 e.g. SwimWales_Winters_17/12/21

BACS: Sort Code 02663388 Account Number 30-92-49

INTERNAL USE ONLY

Date received

Date accepted/not accepted

Recommended amendment's for unsuccessful applications:

Supplementary information

To be submitted with application

Event information

Name _____ of _____ event:

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.....

The following should be available in your meet conditions:

1. Proposed schedule of events including full details of how each session is constructed and the warm up schedule (if appropriate)
2. Length of the sessions (maximum of 3 sessions of 3 hours per day)
3. Promoters/organisers event conditions
4. Acceptance criteria for entries
 - a. Restrictions to certain clubs or regions (closed entries)
 - b. First come first served (capped entries)
 - c. Top number of entries per event accepted on submitted times (Consideration times and entries taken fastest to slowest)
 - d. First entries accepted from a particular group and remaining places then filled (invited entry followed by an open capped entry)
 - e. Other
5. Upper and lower qualifying or consideration standards reflective of the level of the meet (including relevant Para-Swimming Qualification times)
6. Method of setting upper and lower qualifying or consideration standards
 - a. Use of software package to set qualifying times/graded tables
 - b. Exclusion of swimmers who qualify/compete at National/Regional competition
 - c. Other

Age groups (please highlight)

9 years	10 years	11 years	12 years	13 years	14 years
15 years	16 years	17 years	18 years	19+ years	Open

Events to be swum (please highlight)

50m Free	50m Back	50m Breast	50m Fly
100m Free	100m Back	100m Breast	100m Fly
200m Free	200m Back	200m Breast	200m Fly
400m Free	800m Free	1500m Free	Skins
100m IM	200m IM	400m IM	



Any other information:

(Please use this space to put any supporting information e.g. 20th anniversary event)