Interstate Clearance

Please scan & send the completed form to waswim@wa.swimming.org.au

Swimming Club Details

Club Name	
Contact Person	
Address	
Phone	
Email	

Swimmers

Name	Gender (F/M)	Aust. ID # (6 Digits)	SWA Membership #

Interstate Meet Details

State Swimming Association	
Name of Meet	
Location of Meet	
Date Clearance from	
Date Clearance to	

Office Use Only:

☐ Approved

☐ Approved with Conditions (see other side)

☐ Denied

Signed: _____ Will Rollo Date: ____/____/____

(Programmes and Event Officer)

Signed: _____ Luke Gavin Date: ____/____/____

(Athlete & Coach Development Manager)

Conditions attached to this approved clearance: (Office use only)