

**SWIM ENGLAND SYNCHRONISED SWIMMING
COMPETITION LICENCE APPLICATION FORM**

Please refer to Guidelines notes before Submitting an application

Please complete clearly and submit to: mandyfuller2@msn.com

Name of Club/Region	Club	Region		
Name of Competition, as advertised				
Level of competition -please mark 'X' as appropriate	Level 4 International/National	Level 3 Regional/Multiregional	Level 2 Club/County/Regional	Level 1 Club/County/Regional
Type of Competition -please mark 'X' as appropriate	Figures	Routines		Figures & Routines
Estimated No. of Clubs participating -please mark 'X' as appropriate	One only	Min.2 – Max.8	More than 8	
Date of competition/venue	Date	Venue		
Pool Dimensions/Depth (pool plan can be submitted as separate document)	Pool length	Pool Depths (Shallow & Deep)		
Schedule of events & Competition conditions (can be submitted as separate document)				
Name of Referee				
Organiser Contact Details: Full Name				
Address				
Telephone Number				
Email address				

RESULTS & REFEREE REPORT MUST BE EMAILED TO mandyfuller2@msn.com WITHIN 7 DAYS OF THE COMPETITION

FOR USE OF SSLT LICENSING OFFICER: License Number:

Dated Received:		SSLT Approval Yes/No	Date Approved:
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