



2012 HBF Rottnest Channel Swim

Swimmer Change of Details Form

Please note that this information **MUST** be completed and returned to the Rottnest Channel Swim Association.

Scan your completed form and email it to info@rotnestchannelswim.com.au or post to PO Box 2004, Claremont, WA, 6010

ORIGINAL SWIMMER DETAILS	
First name & surname:	
Team name / race number:	

REPLACEMENT SWIMMER DETAILS	
First name:	
Surname:	
Gender (circle):	Male / Female
Date of birth:	
Address:	
Suburb:	
Postcode:	
Telephone number:	
Mobile number:	
Email address:	
Emergency contact name:	
Emergency contact telephone number:	
Emergency contact mobile number:	
Medical conditions (please specify):	
Disability (please circle):	Y / N

NAME:	SIGNATURE:	DATE:

OFFICE USE ONLY	
Race number change (if applicable):	
Date entered:	
By whom:	