**Zonal Championships**

**Application for Dispensation**

This form is to be completed by swimmers seeking dispensation to compete at the 2017 Zonal Championship. Your request will be considered by your Zonal Selectors based on the information you have provided below. Please ensure that you have completed all of the relevant information and send through to your zonal contact. Relevant contact information can be found below.

Please complete in full the details below (Please PRINT)

|  |  |
| --- | --- |
| Name |  |
| Address |  |
|  |  |
| Email |  |
| Club |  |
| Zone |  |
| Gender | M / F |
| Tel | (0 ) |
| Fax | (0 ) |
| Mobile | (02 ) |

Please describe why you are applying for dispensation:

|  |
| --- |
|  |

Please detail your best performance in the last 12 months for consideration:

|  |  |
| --- | --- |
| Stroke and Distance: |  |
| Time & FINA Points: |  |
| Event Name: |  |
| Date: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Swimming New Zealand**Keegan McCauleySNZ Events ManagerPO Box 302 145North Harbour**Auckland**Ph: 021 569 436events@swimming.org.nz  | **Northern Zone*** Northland
* Auckland
* Counties Manukau

Brett Green09 873 1290brett@akswim.co.nz | **Central North Zone*** Taranaki
* Waikato
* Bay of Plenty
* Hawkes Bay

Alison Fitchcentralswimmingaquaknights@gmail.com | **Lower North Zone*** Wellington
* Wanganui
* Manawatu
* Wairarapa

Henrietta Latham0275021854operations@swimwn.co.nz  | **South Zone*** Nelson/Marlborough
* Canterbury WC
* Otago
* Southland

Lorraine McMath021 833243makoscommittee@gmail.com |

This document needs to be submitted to your zonal contact at least 2 weeks prior to the start of your zones selection event. A copy of this form must also be sent to events@swimming.org.nz by the zonal contact.