

**2023 Irish Open Diving Championships**

**Final Entry Form**

Please send this entry form to divingentries@swimireland.ie

by Monday 23rd October 2023

|  |  |
| --- | --- |
| **NAME OF CLUB or NATIONAL FEDERATION**  |  |
| **NAME OF LEAD CONTACT**  |  |
| **LEAD CONTACT EMAIL**  |  |
| **LEAD CONTACT MOBILE**  |  |
| **NAME OF COACH / COACHES** |  |
| **NAME OF JUDGE / JUDGES** |  |

|  |
| --- |
| **For Age Group and Junior/Senior Open event, one diver who enters for three individual boards will equal three entries** |
| **Cost per entry is €15 or £13** |
| **LEVEL OF EVENT** | **TOTAL NUMBER** **OF ENTRIES** | **TOTAL** **COST** |
| **JUNIOR/SENIOR OPEN EVENT**  |  |  |
| **AGE GROUP EVENT**  |  |  |
| **NOVICE EVENT**  |  |  |
| **TOTAL COST**  |  |

**Enter the names of the divers using the sheets below**

**JUNIOR / SENIOR OPEN EVENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST NAME** | **LAST NAME** | **Date** **Of****Birth**  | **Junior or Senior** **(J or S)** | **Male Female** | **Governing body registration no.** | **1M**  | **3M** | **Plt**  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**AGE GROUP EVENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST NAME** | **LAST NAME** | **Date** **Of****Birth**  | **Age Group** **(C,B,A)** | **Male Female** | **Governing body registration no.** | **1M**  | **3M** | **Plt**  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

**NOVICE EVENT**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **FIRST NAME** | **LAST NAME** | **Date** **Of****Birth**  | **Male Female**  | **Governing body registration no.** | **GROUP E** | **GROUP D** | **GROUP C** | **GROUP B+** |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |