

**North Channel Advisory & Ratification Body.**  
**( Affiliated to the Irish Long Distance Swimming Association )**

Application for Solo Attempt.

Name ..... Nationality .....  
Address .....  
Post Code ..... Tel. No/s ..... E-mail .....

I declare that I am making this attempt of my own choosing, and have been medically examined and passed physically fit, and have enclosed medical certificates/s to this effect. Please give dates when attempt is to be made :

.....  
Intended starting point .....  
Intended finishing point .....

Return this completed form to : Mr. Tom Mc Cann, 5 Alexander Drive, Warrenpoint, Co.Down. BT34 3NP. Northern Ireland. Tel: +44 (028) 41772203.  
E-Mail : [tommccanna@btinternet.com](mailto:tommccanna@btinternet.com)

Please Note

- The swimmer is entirely responsible for providing his/her own support team, including Lifesaver/Feeder, food, drinks, warm clothing, and survival clothing.
- The decision to terminate the attempt rests with the Pilot and Official Observer and their decision is final, and must be adhered to.
- The Official Observer will record the attempt and will not take part in any other duties.
- Unless the necessary requirements are met the attempt will not start.
- The Pilots word is law and all instructions given by him during the attempt must be adhered to.

- Application form enclosed.
- Medical Certificates enclosed.
- Any other information relevant to the attempt

Signature of applicant .....  
Date .....