

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

Application for Relay Attempt.

Name : .....

Address : .....  
.....

Telephone contact No. : .....

Name of Relay Swimmers. Date of Birth. Name of Relay Swimmers. Date of Birth.

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Reserves : Name : ..... Date of Birth : .....  
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I declare that the team are making this attempt of their own choosing, and that they have been medically examined and passed fit to attempt this swim, (Medical Certificates enclosed). We will provide our own Lifesaver:(Name: ..... and ensure that the Lifesaver is briefed as to our feeding schedules during the swim.

I enclose an Observers Fee of £75.00. I/We will cover the Observers expenses if an overnight stay is necessary.

Signature : ..... ( Team Relay Manager).

(This application must be returned to the Treasurer : J.A. Gunn, 7 Sandeel Lane, Orlock, Groomsport, Co.Down. BT19 6LP. Tel; 91. 888944, fourteen days before

**the attempt.)**