

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

Application for Individual Attempt.

Name:

Address :
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Telephone No : **Date of Birth :**

Previous Long Distance Swims :

Date :	Place :	Time :
.....
.....
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I declare that I am making this attempt of my own choosing, and that I have been medically examined and passed fit to attempt this swim(Medical Certificate enclosed). I will provide my own Lifesaver; (Name:) and ensure that the Lifesaver is briefed as to my feeding schedule during the swim.

I enclose an observers fee of £75.00. I will also cover the Observers expenses if an overnight stay is necessary.

Signature : **Date :**

(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.