

**Special  
Olympics  
Leinster**



**Pilot Swimming League Registration form**

**Club Name:**

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**Athletes entering league:**

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**Home Venue Name:**

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**Home Venue Address:**

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**Facilities available:**

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\*Swimming requires access to 6 lanes for 2 hours

**Willingness to travel:**

North Leinster Only:

South Leinster Only:

All Leinster: