**Please email this completed form together with your evidence to** **GBCAdmin@thebmc.co.uk**

**The deadline for this application is 23rd February 2024 @ 17:00**

|  |  |
| --- | --- |
| Name: |  |
| Date of Birth: |  |
| Coach Name: |  |
| Club Name |  |
| If o18 – Athlete Email Address: |  |
| If u18 – Parent / Guardian Email Address: |  |

**Please note that if your qualification time was *not* made in a BMC-organised championship competition, you will need to provide video evidence of the time being made.**

|  |  |  |  |
| --- | --- | --- | --- |
| State qualification dateand time | Date: | Consideration TimeA or B | Time: |
| Location of qualification / timing system time | Location: | System: |
| Confirm Video Evidence Sent | YES / NO |
| Coach / Witness Name |  |
| Coach / Witness Signature |  |

I confirm the date and time of the qualification time as stated above:

|  |  |  |
| --- | --- | --- |
| Athlete Name |  | Date |
| Athlete Signature |  |  |

If under the age of 18:

|  |  |  |
| --- | --- | --- |
| Parent / Guardian Name |  | Date |
| Parent / Guardian Signature |  |  |