

ENTRY BY NAME PER EVENT



GUIDELINES IN THE SUBMISSION OF BATANG PINOY FORM B

Each participating Local Government Unit is required to submit the ORIGINAL COPY of their Entry by Name per Event (BP Form B) with signature of their Head Coach and duly noted by the Local Chief Executive and MUST be uploaded upon the online registration of the assigned Head Coach

Names indicated herein MUST be consistent with the First and Last Names as they appear on the athletes' PSA Birth Certificate and with the information submitted to the Batang Pinoy Games Online Registration System. Any discrepancy will cause delay in the screening and validation of entries.

Original copies of all supporting documents including this Form must be submitted personally or thru courier to MS. AIZZABELLE ROSE R. TERRADO, Head, Screening and Validation Committee, Batang Pinoy 2024, Philippine Sports Commission, 3/F Admin Bldg., Rizal Memorial Sports Complex, Brgy. 719, Pablo Ocampo Sr. St., Malate, Manila, Philippines 1004

Non-submission of this BP FORM B & its SUPPORTING DOCUMENTS on or before OCTOBER 15, 2024 would be construed as waiver of the LGU's privilege to participate in the Batang Pinoy 2024

LGU NAME:

TEAM LEADER:

CONTACT NUMBER:

EMAIL ADDRESS:

			ВС	YS			GIRLS						
EVENTS (Based on Technical Guidelines)		NAME		ATE OF BIR Day/Month/Yea	AGE	SEED TIME		NAME	TH AGI	SEI TIN			
101 & 102 - 200 M IM 12 - 13	1 2						1						
101 & 102 - 200 M IM 14 - 15	1 2						1						
101 & 102 - 200 M IM 16 - 17	1 2						1						
103 & 104 - 100 M Freestyle 12 - 13	1 2						1						
105 & 106 - 100 M Freestyle 14 - 15	1 2						1						
107 & 108 - 100 M Freestyle 16 - 17	1 2						1 2						
109 & 110 - 50 M Backstroke 12 - 13	1 2						1 2						
111 & 112 - 50 M Backstroke 14 -15	1 2						1						
113 & 114 - 50 M Backstroke 16 - 17	1 2						1						
201 & 202 - 50 M Butterfly 12 - 13	1 2						1						
203 & 204 - 50 M Butterfly 14 - 15	1 2						1						
205 & 206 - 50 M Butterfly 16 - 17	1 2						1 2						
207 & 208 - 100 M Breaststroke 12 - 13	1 2						1						
209 & 210 - 100 M Breaststroke 14 -15	1 2						1						
211 & 212 - 100 M Breaststroke 16 - 17	1 2						1						
213 & 214 - 200 M Backstroke 12 - 13	1 2						1						
215 & 216 - 200 M Backstroke 14 - 15	1 2						1						
217 & 218 - 200 M Backstroke 16 - 17	1 2						1						

Note: A swimmer may only enter up to five (5) individual events and two (2) relays. Each LGU is allowed to enter two (2) swimmers per individual event and one relay team only in the relay events.								
Submitted by:	Duly noted by:							
Head Coach (Signature over printed name)	Local Chief Executive (Signature over printed name)							



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LGU NAME:

TEAM LEADER:

CONTACT NUMBER:

EMAIL ADDRESS:

		BOYS GIRLS										RLS				
EVENTS (Based on Technical Guidelines)		NAME	DATE ((Day/M		AGE	SEED TIME	NAME	NAME	DATE OF BIRTH (Day/Month/Year)			AGE	SEED TIME			
301 & 302 - 50 M	1						1									
Freestyle 12 - 13	2						2									
303 & 304 - 50 M	1						1									
Freestyle 14 - 15	2						2									
305 & 306 - 50 M	1						1									
Freestyle 16 - 17	2						2									
307 & 308 - 100 M	1						1									
Butterfly 12 - 13	2						2									
309 & 310 - 100 M	1						1									
Butterfly 14 - 15	2						2									
311 & 312 - 100 M	1						1									
Butterfly 16 - 17	2						2									
313 & 314 - 200 M	1						1									
Breaststroke 12 - 13	2						2									
315 & 316 - 200 M	1						1									
Breaststroke 14 - 15	2						2									
317 & 318 - 200 M	1						1									
Breaststroke 16 - 17	2						2									
401 & 402 - 100 M	1						1									
Backstroke 12 - 13	2						2									
403 & 404 - 100 M	1						1									
Backstroke 14 - 15	2						2									
405 & 406 - 100 M	1						1									
Backstroke 16 - 17	2						2									
407 & 408 - 200 M	1						1									
Butterfly 12 - 13	2						2									
409 & 410 - 200 M	1						1									
Butterfly 14 - 15	2						2									
411 & 412 - 200 M	1						1									
Butterfly 16 - 17	2						2									
	1						1									
413 & 414 - 4x50 M	2						2									
Freestyle Relay 12-13	3						3									
	4						4									
	1						1									
415 & 416 - 4x50 M	2						2									
Freestyle Relay 14-17	3						3									
	4						4									

Note: A swimmer may only enter up to five (5) individual events and two (2) relays. Each LGU is allowed to enter two (2) swimmers per individual event and one relay team only in the relay events.								
Submitted by:	Duly noted by:							
Head Coach (Signature over printed name)	Local Chief Executive (Signature over printed name)							



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SWIMMING														
LGU NAME:														
TEAM LEADER:														
CONTACT NUMBER:														
EMAIL ADDRESS:														
BOYS GIRLS														
EVENTS (Based on Technical Guidelines)				DATE OF BIRTH (Day/Month/Year)		AGE	SEED TIME	NAME		DATE OF BIRTH (Day/Month/Year)			AGE	SEED TIME
501 & 502 - 50 M	1							1						
Breaststroke 12 - 13	2							2						
503 & 504 - 50 M	1							1						
Breaststroke 14 - 15	2		_					2		-				
505 & 506 - 50 M Breaststroke 16 - 17	2			1				2						
507 & 508 - 200 M	1							1		1				
Freestyle 12 - 13	2							2						
509 & 510 - 200 M	1							1						
Freestyle 14 - 15	2							2						
511 & 512 - 200 M	1							1						
Freestyle 16 - 17	2							2						
	1							1						
513 & 514 - 4x50 M	2							2						
Medley Relay 12-13	3							3						
	4		_					4		-				
E1E 0 E1/ 4 E0 M	2			1				2						
515 & 516 - 4x50 M Medley Relay 14-17	3		+					3		-				
riculay relay rr rr	4							4						
Note: A swimmer ma Each LGU is allowed relay team only in th	to e	nter two (2) swimi												
Submitted by:							Duly no	ted by:						
Head Coach (Signature over printed name)						Local Chief Executive (Signature over printed name)								



NAME OF LGU



BATANG PINOY 2024 SWIMMING OFFICIAL INDIVIDUAL ENTRY FORM

NAME OF TEAM	M LEADER / COA	кСН	:				
CONTACT NUM	/IBER		:				
EMAIL ADDRES	SS		:				
NAME (Family Name, First Name)	BIRTHDAY (MM/DD/YYYY)	AGE	GENDER	EVENT NO.	EVENT NAME	SEED TIME	REMARKS

(use additional form if necessary)



NAME OF LGU



BATANG PINOY 2024 SWIMMING OFFICIAL RELAY ENTRY FORM

NAME OF TEAM LEADER / COACH	:			
CONTACT NUMBER	:			
EMAIL ADDRESS	:			
NAME		HDAY	AGE	SEED TIME
(Family Name, First Name)	(MM/D	D/YYYY)	AGE	(IF APPLICABLE)
EVENT NO.				
1.				
2.				
3.				
4.				
EVENT NO.				
1.				
2.				
3.				
4.				
EVENT NO.				
1.				
2.				
3.				
4.				
EVENT NO.				
1.				
2. 3.				
3.				
4.				