



CLUB RECORD APPLICATION FORM

Any Swimmer who breaks or sets a club record must fill in this form and hand it to a committee member within one month of the meet where the new record was achieved

Record Broken: _____
(ie. 12yrs 50m Backstroke)

Meet Name: _____

Venue: _____ Date: _____

New Record Time: _____ Old Record Time: _____

Short Course

Long Course

(Please circle appropriate course)

Heat swim

Split time

Semi Final

Final

Relay Lead Off

Medley Relay Lead Off

Individual Medley Lead Leg

(Please circle appropriate swim)

Swimmers Name: _____ D.O.B: _____

Male

Female

Parent Signature: _____ Date: _____

Coach Signature: _____ Date: _____

Ratified at Committee Meeting Dated: _____

Committee Signature: _____