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|  | **Regional Record Application Form** |

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| **SWIMMERS DETAILS:** | | | | | | | | | | | | | |
| Name: | …………………………………………………………………… | | | | | | Date of Birth: | | | | ………. / ………. / ………..…. | | |
| Relay Members Names: | ……………………………………………………………………………………………………………………………………………………….. | | | | | | | | | | | | |
| Club: | …………………………………………………………………… | | | | | | Registration No: | | | | …..…….…………………………. | | |
| **COMPETITION DETAILS:** | | | | | | | | | | | | | | |
| Competition Name: | ……………………………………………………………………. | | | | | Venue: | | | ……..…………………………………………….. | | | | | |
| Date of Swim: | ………. / ………. / ……………… | | | Age as at day of Swim: | | | | | | | ……….………. years | | | |
| Circle one in each group: | **LONG COURSE**  Or  **SHORT COURSE** | | **AGE GROUP RECORD**  Or  **OPEN RECORD** | | | | | | | **ELECTRONIC TIMING**  Or  **MANUAL TIMING** | | | | |
| **RECORD BEING APPLIED FOR:** | | | | | | | | | | | | | | |
| Stroke: | | ……………………………………………………………. | | | Distance: | | | ……..……..…………………………………………….. | | | | | |
| New Record Time: | | …………………………………………..………………... | | | Record Type: circle one | | | | | | | Age Group  Open  Relay |
| Current Record Time: | | …………………………………………..………………... | | |

I ………………………………………………………………………………………………, **Technical Director** for the above mentioned competition, verify that the time swam was achieved in accordance with FINA and SNZ regulations.

Signed: ………………………………………………………………………………………….. ………./………./……….

I ………………………………………………………………………………………………, **Referee**, verify that the above mentioned competition and record attempt was swum under FINA and SNZ regulations. I confirm that the above mentioned swimmer achieved the time as indicated.

Signed: ………………………………………………………………………………………….. ………./………./……….

**PROVIDE A COPY OF APPROVED RESULTS, SIGNED BY THE REFEREE, FOR THE RECORD BEING APPLIED FOR**