Regional Record Application Form

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: ……

Current Record Time: ……

Record Type: circle one — Age Group / Open / Relay

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