|  |  |
| --- | --- |
|  | **Regional Record Recognition Form** |

I wish to have recognised, within the new Otago Records Policy, the below record which met the former criteria at the time of achievement.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SWIMMERS DETAILS:** | | | | | | | | | | | | | | | | |
| Name: | | | …………………………………………………………………………… | | | | | | Date of Birth: | | | | | ………. / ………. / ………..…. | |
| Club: | | | …………………………………………………………………………… | | | | | | Registration Number *(if known):* | | | | | …..…….…………………………. | |
| **RECOGNITION OF RECORD:** | | | | | | | | | | | | | | | | |
| Competition Name: | | | ………………………………………………………………………. | | | | | Venue: | | | ……..…………………………………………….. | | | | | |
| Date of Swim: | | | …………. / ………. / ……………… | | | Age as at day of Swim: | | | | | | | | | ……….………. years | |
| Stroke: | ………………………………………………. | | | Distance: | | | ……….…….………….. | | | Time: | | | …………………..……………………… | | | |
| Circle one in  each group: | | LONG COURSE  Or  SHORT COURSE | | | AGE GROUP RECORD  Or  OPEN RECORD | | | | | | | ELECTRONIC TIMING  Or  MANUAL TIMING | | | | | |
| **CURRENT CONTACT DETAILS *(for our records only)*:** | | | | | | | | | | | | | | | | |
| Mailing Address: | | | …………………………………………………………………………………………………………………………………………………………….. | | | | | | | | | | | | |
| Email Address: | | | …………………………………………………………………………………………………………………………………………………………….. | | | | | | | | | | | | |
| Contact Number: | | | …………………………………………………………………………… | | | | | | Preferred Time: | | | | | DAYTIME  Or  EVENINGS | |

Please submit one record per page to [soswimmingotago@gmail.com](mailto:soswimmingotago@gmail.com) no later than 1st March 2019

Acknowledgment of your record will be made once verified and approved by the Swimming Otago Board