

British/European/World Masters Record Application

1 EVENT	Stroke:.....Distance:.....	RECORD APPLICATION	
	OFFICIAL TIME min sec .....sec/100		<input type="checkbox"/> British
	AGE GROUP .....yrs MALE / FEMALE / MIXED		<input type="checkbox"/> European
	POOL LENGTH SHORT COURSE (25m) / LONG COURSE (50m)		<input type="checkbox"/> World
2 NAME OF SWIMMER			
<i>First Name</i>	<i>Last Name</i>	<i>Sex</i>	
.....	.....	M / F
...../...../.....	
<i>Date of Birth</i>	<i>Registration No.</i>	<i>Nationality</i>	
.....	
Club Name	.....	
Email Address	.....	
3 NAME OF RELAY TEAM MEMBERS			
<i>First Name</i>	<i>Last Name</i>	<i>Sex</i>	
.....	.....	M / F
...../...../.....	
<i>Date of Birth</i>	<i>Registration No.</i>	<i>Nationality</i>	
.....	
(1) .....	.....	.....
(2) .....	.....	.....
(3) .....	.....	.....
(4) .....	.....	.....
Club Name	.....	
Club Contact	.....	
Email Address	.....	
4 RECORDED TIME (Note: Electronic Timing Printout and results sheet must be supplied)			
Electronic Time min sec sec/100	Timing System	.....
COPY OF TIMING PRINTOUT <input type="checkbox"/>	COPY OF RESULT SHEET ATTACHED <input type="checkbox"/>		
5 LOCATION / DATE OF MASTERS MEET			
COMPETITION	.....	
POOL NAME	DATE	.....
TOWN / CITY	COUNTRY	.....
CONFIRMATION OF POOL LENGTH BY A RESPONSIBLE PERSON : ATTACHED <input type="checkbox"/> OR ON FILE <input type="checkbox"/>			
6 CERTIFYING OFFICIAL (e.g. Referee / Chief Time Keeper / Meet Organiser)			
Signature	Official Title	.....
Printed Name	Date	.....
Was the use of a Certificate of Swimming Disability required?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		
ALL COMPETITION REGULATIONS WERE FOLLOWED INCLUDING THE USE OF LEGAL SWIM SUIT			
7 NATIONAL RECORDER			
Approved YES / NO	Signature	.....
Reason for non-approval	Date received	.....

Send forms to mastersrecords@swimming.org with all accompanying documentation