BRITISH SWIMMING/AMATEUR SWIMMING ASSOCIATION **RECORD APPLICATION FORM**

Pavilion 3, Sportpark, 3 Oakwood Drive, Loughborough, Leicestershire, LE11 3QF
Please tick appropriate boxes (for Masters Records, please state age group)

British		English	Senior	Junior (SC) (under 16 yrs on day of swim)	Short Course	Long Course	Masters (age)	
	JOTE: This f	form must be compl	eted and sent to the	Records Dent or Fr	nailed to records@s	swimming org wif	h a copy of the	
•	(O12, 111101	orm must be compr		results, to the above		, william g.org, wie	in a copy of the	
1)	Record Applied For (e.g. Boys 100m Freestyle)							
2)	Time:							
3)	Made by (FULL NAME):							
	Address:							
4)	Registration No:							
5)	Date of Birth: (For JUNIOR SHORT COURSE RECORDS swimmers must be under 16 years of age on day of swim)							
6)	Club of Application for							
7)	Date of Sw	im:						
8)	Venue:							
9)	Occasion of Gala:							
10)	Length of Pool:							
11)	Pool Measurement certificate to be attached if not previously lodged with the A.S.A							
12)	Has A.S.A. Law relating to records been complied with?							
13)	Please specify model of swimsuit(s) worn by swimmer(s) and when applicable, the model number(s)							
14)	If so, state	onic timing equipm which and attach co not, please complete	opy of the					
15)	Timekeepers 1. (a) Name & Address:							
		(b) Time Retu	urned:					
		2. (a) Name & A	Address:					
		(b) Time Retu	urned:					
		3. (a) Name & A	Address:					
		(b) Time Retu	arned:					
16)	Signatures of 2 officials who witnessed the Performance and who certify that the regulations of the A.S.A. have all been observed		1)					
			2)					
		EOD OFFICE	LICE ONLY					
	FOR OFFICE USE ONLY							
	Date this application was received:							

Approved / Not Approved: