

Scottish Amateur Swimming Association

West District

Short Course

Record Application Form

Swimmer: _____	Date of Birth: _____
Club / Team: _____	
Meet: _____	Date: _____
Venue: _____	Event: _____
Age Group: _____	Time: _____
Club Official Signature: _____	
Position Held: _____	
Email: _____	Tel No: _____

For a Time to stand, the Time must have been achieved at any Short Course Accredited Meet at any Venue.

Do Not convert Long Course Times (use Long Course Application Form)

Please send this Form, plus a copy of the Result Sheet, to the District Record Keeper within 30 days of the date of the Event.

Date Application Received: _____
Date Record Ratified: _____
Date Certificate Issued: _____

Submit Applications to Alison Tourish, Ashlar, 1 Langside Drive, Kilbarchan PA10 2EL

Please do not send as Recorded Delivery.