

SASA West District Swimming Record Application Form (Individual & Team Events)

*** Please use Block Capitals and PRINT CLEARLY to complete form ***

Individual Applicant's Details

Forename		Surname							
SASA Registration No.		Club							
Date of Birth	<table style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px;">D</td> <td style="border: 1px solid black; width: 20px; height: 20px;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px;">M</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> <td style="border: 1px solid black; width: 20px; height: 20px;">Y</td> </tr> </table>			D	D	M	M	Y	Y
D	D	M	M	Y	Y				

Relay Team Application

Club

Details of Record Applied For (mark with an X for all that apply)

Male	Female	Mixed	10&U	11	12	13	14	15	16	17	18	19/24

Meet Date

Venue Pool Length metres

Please Insert Time of Record in Appropriate Box(s)

Individual	50m	100m	200m	400m	800m	1500m
Freestyle						
Backstroke						
Breaststroke						
Butterfly						
Individual Medley						
Team	4 x 50m		4 x 100m			
Freestyle						
Medley						

Record Application Made by

Initials & Surname		Position Held	
Email Address		Contact Tel No.	

Office Use Only

Application received: Date Initials

This form must be completed **within 30 days** of the competition and **must** be accompanied by a copy of the official results.

Submit Applications to: Mike Perceval-Maxwell, 74 Cot Castle Grove, Stonehouse, ML9 3RQ or scan and email to sasawestdistrictrecords@outlook.com

****Please include RETURN ADDRESS on back of envelope. Postage under-payment will not be accepted and Royal Mail instructed to RETURN item to SENDER. ****