



APPLICATION FOR RECORD

APPLICATION IS HEREBY MADE FOR THE RECOGNITION OF THE PERFORMANCE BY:



Name of Swimmer: _____ DOB: ____/____/____

Club: _____ Gender: _____

Name of Competition: _____

Name of Pool: _____

Date of Race: ____/____/____

Electronic Time (final result time): _____

Split Time (applicable to record application): _____

Please circle the following: Automatic Semi-Automatic

Please specify the manufacturer and model of the swimsuit worn by the swimmer (Must be a [FINA Approved Swimsuit](#)):

Course: ☐ Long Course

☐ Short Course

Type of Record/s: ☐ Queensland

☐ Queensland Allcomers

Distance: _____ metres

Classification (if applicable): S ____ SB ____ SM ____

Stroke (please circle): Freestyle Backstroke Breaststroke Butterfly Individual Medley

Age Group (please circle): 10yrs & under 11yrs 12yrs 13yrs 14yrs 15yrs 16yrs 17yrs 18yrs Open

Referee's Report

The performance took the form of (please circle):

Meet

Championships

Special approved attempt on record

I certify that the current conditions and rules of Swimming Queensland and FINA were strictly enforced for the performance.

Referee Name: _____ Signature: _____ Date: ____/____/____

Must be signed by the referee on the same day of event.

OFFICE USE ONLY

Date Received: ____/____/____

Records Officer recommends that the application be: ☐ Approved

☐ Rejected

Signature

Date: ____/____/____

Please refer to the Criteria for Claiming Queensland Records on the SQ website for supporting documentation required for the record to be approved then email to admin.qld@swimming.org.au