

## **APPLICATION FOR RECORD**



## APPLICATION IS HEREBY MADE FOR THE RECOGNITION OF THE PERFORMACE BY:

Name of Swimmer:		DOB:/			
Club:					
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 swim	suit worn by th	e swimmer (Must	be a <u>FINA Approved Swi</u>	i <u>msuit</u> ):
Course:	Long Course		Short Course		
Type of Record/s: Qu	eensland		Queen	sland Allcomers	
Distance:metres					
Classification (if applicable): S SB SN	1				
Stroke (please circle): Freestyle Bac	ckstroke	Breaststroke	Butterfly	Individual Medley	1
Age Group (please circle): 10yrs & under 11y	rs 12yrs	13yrs 14yrs	15yrs 16yrs	17yrs 18yrs O	pen
Referee's Report					
The performance took the form of (please cir	cle):				
Meet Champions	hips		Special approv	ed attempt on reco	ord
I certify that the current conditions and rule performance.	es of Swimm	ing Queensland	l and FINA were	strictly enforced for	the
Referee Name:	gnature:	- day of event	Date:/	/	
Must be signed	by the refer	ee on the same	e day or event.		
Date Received://	OFFICE (	USE ONLY			
Records Officer recommends that the ap	olication be:	Appro	ved	Rejected	
		Date:_		_	
Signature					

Please refer to the Criteria for Claiming Queensland Records on the SQ website for supporting documentation required for the record to be approved.