APPLICATION FOR RELAY RECORD

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

Club:_____Gender:_____

First Swimmer's Name: _____ DOB:____/____/____

Second Swimmer's Name: _____ DOB:____/____/____

Third Swimmer's Name: _____DOB:____/____/____

Fourth Swimmer's Name: _____DOB:____/____/____

Name of Competition:_____

Name of Pool:_____

Date of Race: ___/____/____

Electronic Time *(final result time)*:_____

Please circle the following: Automatic   Semi-Automatic

Please specify the manufacturer and model(s) of the swimsuit(s) worn by all swimmers:

(Must be a FINA Approved Swimsuit)

1._____3._____

2._____4._____

Course: ☐ Long Course   ☐ Short Course

Type of Record/s: ☐ Queensland Relay   ☐ Queensland Club Relay

                           ☐ Queensland Allcomers Relay   ☐ Queensland Regional Relay

Type of Relay: 4 x_____metres   Total Distance: _____metres

Stroke *(please circle)*:   Freestyle   Medley

Age Group *(please circle)*: 10yrs & under   12yrs & under   14yrs & under   16yrs & under   18yrs & under   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.

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