



APPLICATION FOR RECORD

APPLICATION IS HEREBY MADE FOR THE RECOGNITION OF THE PERFORMANCE 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.

OFFICE USE ONLY

Date Received: ___/___/___

Records Officer recommends that the application be: Approved Rejected

Signature Date: ___/___/___

Please refer to ['Criteria for Claiming QLD Records' on SQ website](#) for supporting documentation required for the record to be approved.