

# LEICESTERSHIRE

## AMATEUR SWIMMING ASSOCIATION

Affiliated to A.S.A. East Midland Region

### RECORD APPLICATION FORM

Record Applied for: .....

Made by (Full name & Address ) .....

.....

.....

Club of Applicant: ..... Date of Birth (Junior only) .....

Signature of Applicant .....

#### ABOUT THE SWIM

Date: ..... Venue: .....

Length of pool: ..... Occasion or Gala: .....

OFFICIAL TIME : .....

**REFEREE** Please complete this section to verify that the time stated is the official returned time and that it has been achieved in accordance with the conditions set out overleaf, particularly 2, 5 and where appropriate 7.

Name ..... Signature: .....

Date this application received by the County Records Officer .....

Date considered by Leicestershire A.S.A. Executive .....

Result: ..... Date entered .....

Signature of County Records Officer .....

**This application will only be considered if the Rules for Leicestershire A.S.A. Records are printed on the reverse of this form.**