

**SWIM WALES**

**Tel: 01792 513633**

**E-mail:** **events@swimwales.org**

**MASTERS INDIVIDUAL RECORD APPLICATION FORM**

**NOTE: This form must be completed and sent to the Swim Wales Events Team at the above email address, within thirty (30) days of the competition, with a copy of the official results**.

1. Record applied for – Male Female Event …………………………….…………………………
2. Distance:………………………………. Age Group:…………………….. Time:……………………………….

3 Full Name:…………………………………………………………………………………………………………………

5 E-mail address: ………………………………………………………………………………………………………….

6 Date of Birth:……………………………………….. Registration No:………………………………………………….

7 Club of Applicant for Record:……………………….………………………………………………………………….

8 Date of Swim:……………………………………………………...…………………………………………………….

9 Venue:…………………………………………………………………………………………………………………….

10 Occasion or Gala:……………………………………..………………………………...……………………………….

11 Length of Pool:…………………………………………………………………….

12 Has Swim Wales Law relating to records been complied with? …………………………………………….

**\* Welsh Born or have a Welsh Parent or Lived in Wales for 3 years and have Wales as country of representation.**

**\*\* Masters records can only be set at Masters Events.**

13 Was electronic timing equipment used?

If so, state which and attach a copy of the results. ……………………………………………………………….

**If not please complete below.**

**Timekeepers:**

1. Name………………………………………………………….Time returned:………………………

 2. Name …………………………………………………………Time returned: ……………………..

 3. Name………………………………………………………….Time returned:……………….……

**Signatures of 3 officials who witnessed the performance and who certify that the regulations of Swim Wales have all been observed**

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