

**SWIM WALES**

**Tel: 01792 513633**

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**MASTERS TEAM RELAY 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**.

Record applied for – Male Female Mixed

1. Age Group (please tick as appropriate)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 72–99yrs | 100-119yrs | 120-159yrs | 160-199yrs | 200-239yrs | 240-279yrs | 280-319yrs | 320-349yrs |
|  |  |  |  |  |  |  |  |

1. Event ……………………………………………… Venue…………………………………...………………………...
2. Length of pool……………………………...
3. Date of swim………………………………..
4. Has Swim Wales Laws 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.**

5 Please insert time

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 4 x 25m Free | 4 x 25m Medley | 4 x 50m Free | 4 x 50m Medley | 4 x 100 Free | 4 x 100 Medley |
|  |  |  |  |  |  |

6 Club\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **TEAM MEMBERS in SWIMMING ORDER** | **REGISTRATION NUMBER** | **DATE OF BIRTH** | **AGE** |
| **1** |  |  |  |  |
| **2** |  |  |  |  |
| **3** |  |  |  |  |
| **4** |  |  |  |  |
|  | **TOTAL AGE OF TEAM** | | |  |

8 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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