



Eaglehawk Swimming Club

Application for Record

Name:	
Registration No.:	
Date of Birth:	
Contact Details	Address:
	Telephone:

This form is to be used to make an application for the recognition of a swim you have completed as a Club, District, State or National record. It can be used for both Long Course and Short Course swims. Please indicate whether the swim may also be an Open Age record.

This application must be accompanied by evidence (eg: a copy of the official results) from the meet(s) identified. Please contact the Club if you need assistance to gather

Date	Meet	Event No.	Age Group	Stroke	Dist.	Time	LC/SC	Open?

Please send the completed form to:

Records Officer
 Eaglehawk Swimming Club Inc.
 PO Box 71
 Eaglehawk 3556