



**KENT COUNTY AMATEUR SWIMMING ASSOCIATION**  
**RECORD APPLICATION FORM**

APPLICATIONS FOR RECORDS MUST BE SENT BY THE CLAIMANT TO THE SWIMMING SECRETARY, MRS G HUGHES, KINGSMEAD, ST JAMES ROAD, KINGSDOWN, DEAL, KENT, CT14 8BQ, WITHIN 28 DAYS OF THE SWIM.

IF SWUM AS AN INDIVIDUAL UNPACED EVENT FULL DETAILS AND NAMES OF THE APPOINTED OFFICIALS MUST BE SET OUT ON THE BACK OF THIS FORM WHICH SHALL BE SIGNED BY THE REFEREE.

APPLICANT'S FULL NAME	
APPLICANT'S ADDRESS (INCLUDING POST CODE AND TELEPHONE NO.)	
APPLICANT'S CLUB	
APPLICANT'S DATE OF BIRTH (IF CLAIMING A JUNIOR RECORD)	
DISTANCE SWUM	
STROKE	
TIME CLAIMED	
DATE SWIM TOOK PLACE	
TITLE OF DESIGNATED EVENT/MEET	
VENUE (POOLNAME/LOCATION)	
POOL LENGTH	(FOR OFFICE USE) SHORT/LONG COURSE

I ATTACH A COPY OF THE RESULTS SHEET FOR THE EVENT (THIS IS OBLIGATORY) AND WISH TO CLAIM THE ABOVE KENT SWIMMING RECORD.

THE TIME CLAIMED IS SHOWN IN EVENT .....\*\* HEAT/FINAL\*\*

SIGNATURE OF CLAIMANT .....

SIGNATURE OF PARENT/GUARDIAN IF A JUNIOR .....

DATE .....

\*\* PLEASE COMPLETE/DELETE AS APPROPRIATE