

# SWIMMING AUSTRALIA MULTI CLASS - APPLICATION FOR RECORD



1. Name of Competitor: \_\_\_\_\_ Date of Birth:    /    /
2. State: \_\_\_\_\_ Club: \_\_\_\_\_ 3. Male/Female
4. Age Group (eg Open, 16 years etc): \_\_\_\_\_
5. Classification: S14 / Blind / Functional / Deaf / Transplants    Class: \_\_\_\_\_
6. Stroke (Freestyle, Backstroke, Breaststroke, Butterfly, Ind. Medley): \_\_\_\_\_
7. Length of Event: \_\_\_\_\_ Length of Course 25m/50m
9. Electronic time: \_\_\_\_\_
10. Operator of Electronic Timing Equipment: \_\_\_\_\_
11. Competition Title: \_\_\_\_\_
12. City: \_\_\_\_\_ Name of Pool: \_\_\_\_\_
13. Date of Race: \_\_\_\_\_
14. Please specify the manufacturer and model of the swimsuit worn by the swimmer:  
\_\_\_\_\_

Name of Referee: \_\_\_\_\_ Referee Signature: \_\_\_\_\_

**A copy of the result of the race must accompany this application**

**Record applications in mixed races will not be accepted.**

## For Swimming Australia Use Only

Application received on: \_\_\_\_\_ Ratified/Denied: \_\_\_\_\_

Position: \_\_\_\_\_ Signature: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

