



EUROPEAN RECORD APPLICATION MASTERS SWIMMING

Name of the Masters Meet -----		
Event (Stroke and length): _____		
Length of course: <input type="checkbox"/> 25 meters <input type="checkbox"/> 50 meters	Age Group: _____	Sex: <input type="checkbox"/> male <input type="checkbox"/> female
Name and age of the swimmer	_____ born.... /.... /.....	
Name and age of the swimmer(s)	_____ born / /	
_____ born / /	_____ born / /	
_____ born / /	_____ born / /	
Federation to which the swimmers are eligible:	Club Name _____	Date of the race _____
Timing System: <input type="checkbox"/> automatic <input type="checkbox"/> semi-automatic <input type="checkbox"/> manual	1 st time: ____ / ____ / ____ 2 nd time: ____ / ____ / ____ 3 rd time: ____ / ____ / ____	Name of timing system: _____ _____
Name of the Referee: _____		
Venue of race _____		
Organizer of competition _____		
Federation submitting the record application _____		
All FINA Rules were followed including the use of legal swim suit		
DATE . /...../..... /..... /		

Signature of the Referee:

Signature of National Recorder
