



EUROPEAN RECORD APPLICATION MASTERS SWIMMING

Discipline (Stroke and length): _____		
Length of course: ↑ 25 meters ↑ 50 meters	Age Group: _____	Sex: ↑ male ↑ female
Name and age of the swimmer	_____ born.... / /	
Name and age of the swimmer(s)	_____ born / /	
	_____ born / /	
	_____ born / /	
	_____ born / /	
Federation to which the swimmers are eligible:	Club Name _____	Date of the race _____
Timing System: ↑ automatic ↑ semi-automatic ↑ manual	1 st time: ____ / ____ / ____	Name of timing system: _____ _____
	2 nd time: ____ / ____ / ____	
3 rd time: ____ / ____ / ____		
Name of the Referee: _____		
Venue of race _____		
Organizer of competition _____		
Federation submitting the record application _____		

Signature of the Referee: _____

Signature of president/secretary: _____

For internal use of the Technical Masters Committee:

Received:	<i>In case of non-approval, state the reasons:</i>
Approved: ↑ yes ↑ no	

The application form to be send to the appropriate recorder (short/long course) within 30 days after the record was set.