Scottish Amateur Swimming Association – East District

Record Application Form

SASA Registration No.							**Date of Birth**	**d**	**d**	**m**	**m**	**y**	**y**

Name		Club	

Record Applied For (x for all that apply)	Male	Female	Senior	Junior	11 yrs	12 yrs	13 yrs	14 yrs	15 yrs	16 yrs	17/18

Individual	50	100	200	400	800	1500
Freestyle						
Backstroke				**Enter recorded time in appropriate box**		
Breaststroke						
Butterfly						
Individual Medley						

Team		4 x 50		4 x 100		4 x 200	
Freestyle							
Medley							

Meet	
Venue	
Date	

Length of Pool	metres

Timekeeper 1 Signature	
Timekeeper 2 Signature	
Timekeeper 3 Signature	

Referees Signature	

Name of person submitting claim	
Tel. Number	
E-mail Address	

Return to: David Civil, 83 Jones Green, Knightsridge West, Livingston, West Lothian, EH54 8QD, davidjcivil@hotmail.com

Date Received: