



CENTRAL QUEENSLAND SWIMMING ASSOCIATION INC
RECORD APPLICATION

SWIMMER'S DETAILS

NAME: _____

CLUB: _____ DATE OF BIRTH: _____

SWIM MEET: _____ DATE: _____

DETAILS OF RECORD CLAIM

MALE or FEMALE AGE GROUP: _____ Yrs and/or OPEN

LONGCOURSE or SHORTCOURSE CQ ALLCOMER and/or BBCQ

DISTANCE: _____ STROKE: _____

OFFICIAL TIME: _____

CERTIFICATION OF RECORD

Option 1: If timing was via hand-held watches, please record the three times that were recorded.

1. _____ 2. _____ 3. _____

- The Chief Referee is satisfied that the standard of officiating was satisfactory for the claiming of regional records.
- The referee/s on pool deck at the time of this event was/were qualified.

NAME OF CHIEF REFEREE: _____

I certify that the above details are true and correct. _____
Signature of Chief Referee or Meet Director

Option 2: If timing was electronic.

I certify that the operation of the electronic time and the standard of officiating was such that I am confident that the published times in relation to this record claim is true and correct.

Name and Signature of Chief Referee or Meet Director

Option 3: If the record claim is from a state, national or international meet, please attach a paper copy or website reference.