



CANADIAN RECORD APPLICATION – RELAY EVENT

Senior Record Age Group Record Para-swimming Record

Athlete's Name

Date of Birth (mm/dd/yyyy)

Swimming Canada ID

Leadoff: _____

#2: _____

#3: _____

#4: _____

Club: _____ Male Female Mixed

Event: _____ Official Time (mm:ss.00): _____

Date of Record Swim (mm/dd/yyyy): _____ Age Group (if applicable): _____

Competition Name: _____ LC SC

Date of Competition (mm/dd/yyyy): _____ - _____ Host Club: _____

Event Venue: _____ City, Province: _____

Meet Manager

Referee

Name: _____

Name: _____

Email: _____

Email: _____

Signature: _____

Signature: _____

The above mentioned officials hereby validate the record breaking performance of the applicant. The meet was duly sanctioned and advertised, and we certify that all Rules of Swimming Canada, relating to the establishing of a record, were observed.

Please submit the following paperwork with form:

Official event results including splits and back up times

Submitted By: _____ Email: _____

The record application form and required paperwork must be submitted to Swimming Canada by email at natlooffice@swimming.ca within 7 days of performance.