



## PROVINCIAL RECORD APPLICATION – RELAY EVENT

	Athlete's Name	Date of Birth (mm/dd/yyyy)	SNC ID #
Lead Off			
#2			
#3			
#4			

Club: \_\_\_\_\_ ☐ Male ☐ Female ☐ Mixed

Age Group: \_\_\_\_\_ Event: \_\_\_\_\_

Official Time (mm:ss.00): \_\_\_\_\_ Date of Record Swim (mm/dd/yyyy): \_\_\_\_\_

Para-swimming classification (if applicable): \_\_\_\_\_

Competition Name: \_\_\_\_\_ ☐ LC ☐ SC

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

Event Venue: \_\_\_\_\_ City, Province: \_\_\_\_\_

The following officials hereby validate the record-breaking performance. 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.

Meet Manager Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

Referee Name: \_\_\_\_\_ Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Please submit the official event results including splits and back up times.**

Application Submitted By: \_\_\_\_\_ Date: \_\_\_\_\_

Email: \_\_\_\_\_

*The record application form and required paperwork must be submitted to Swimming Newfoundland and Labrador by email at [swimnl@sportnl.ca](mailto:swimnl@sportnl.ca) within 7 days of performance.*