

PROVINCIAL RECORD APPLICATION – INDIVIDUAL EVENT

Athlete's Name:		ale 🗌 Female
Date of Birth (mm/dd/yyyy):		
Swimming Canada ID:		
Club:		
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:	
Meet Manager Name:	Email:	
Signature:		
Referee Name:	Email:	
Signature:		
Please submit the office	cial event results including splits and bac	k up times.
Application Submitted By:	Date:	
Fmail.		

The record application form and required paperwork must be submitted to Swimming Newfoundland and Labrador by email at swimnl@sportnl.ca within 7 days of performance.