



SUMMER 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: _____ ☐ 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 Newfoundland and Labrador, 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 within 7 days of performance.