



CANADIAN RECORD APPLICATION – INDIVIDUAL EVENT

Senior Record Age Group Record Para-swimming Record Masters Record

Athlete's Name: _____ Male Female

Date of Birth (mm/dd/yyyy): _____ Swimming Canada ID: _____

Club: _____ Age Group (if applicable): _____

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

Referee

Name: _____

Name: _____

Email: _____

Email: _____

Signature: _____

Signature: _____

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 natloffice@swimming.ca within 7 days of performance.