



Record Application

Name: _____

DOB: ____/____/____ Age at date of meet: _____

Gender: Male Female

Meet: Long Course Short Course

Meet Name: _____

Meet Venue: _____

Date of Swim: _____

Event Number: _____ Heat Number: _____

Stroke Backstroke Breaststroke Butterfly

 Freestyle IM

Distance 50m 100m 200m 400m 800m 1500m

Record Set: Age Open

Please tick all record sets that are applicable

Time Achieved: _____

Previous Record: _____

Previous Record Holder: _____

Copy of result must be attached to this application and emailed to ntc.meet@gmail.com within 10 days of the swim

OFFICE USE ONLY

Verified by: _____

Date Received: ____/____/____ Date Updated: _____

Records Updated: Excel updated: Certificate printed: