

BERMUDA AMATEUR SWIMMING ASSOCIATION

APPLICATION FORM - SWIMMING RECORDS
(one form per athlete)

Athlete: _____ M / F Date of Birth: _____

Meet: _____ Date of Swim: _____

National Record Residents Record LC SC

Date of Swim	Age Group	Distance	Stroke	Current Record	New Time

Please accept my application for record(s) as detailed above.

Athlete: _____ Date: _____

We hereby confirm that the Meet was run in accordance to a standard recognized by BASA.

Local Meet Referee*: _____ Date: _____

Club Head Coach: _____ Date: _____

Approved By:

BASA Records Official: _____ Date: _____

BASA Records Official: _____ Date: _____

*** Not required for overseas meets**