

BERMUDA AMATEUR SWIMMING ASSOCIATION

APPLICATION FORM - SWIMMING RECORDS
(one form per Relay)

Meet: _____ Date of Swim: _____

National Record Residents Record LC SC

Age Group	Distance	Relay	Current Record	New Record

Please accept our application for record(s) as detailed above. Print Name and Sign

Athlete: _____ Athlete: _____

Athlete: _____ Athlete: _____

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: _____

Club Records Official: _____ Date: _____

*** Not required for overseas meets**