

**RECORD CLAIM FORM**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Male/Female | Short/Long Course | Distance | Stroke | Time min/sec/hdth |
|  |  |  |  |  |

Swimmer Details:

Name……………………………………………………………………………………………………

Age………………… D.O.B…………………………………….

SE Reg…………………………………………………………….

Date of swim…………………………..........................

Venue……………………………………………………………………………………………………

Competition name…………………………………………………………………………………

If not a Licenced Meet and not visible on Swim England Rankings, please supply a copy of the results and any other supporting documentation. If no AOE in operation, Referee’s signed declaration of the time recorded by two qualified Time Keepers will be required. Age will be as at date of swim. A relay swim is not accepted. WSSC must be swimmers Rank Club at time of record. Please send your completed form to the Head Coach ([headcoach@westsuffolkswimming.co.uk](mailto:headcoach@westsuffolkswimming.co.uk)) for ratification and the new record will published accordingly.