Swim England East Region Record Claim Form

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| Masters Claim Form  **CAPITAL LETTERS PLEASE Male/Female**  (Delete as necessary)   Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Age Group: \_\_\_\_\_\_\_\_\_ (Mr, Mrs, Miss etc.) (25/29,30/34,35/39 etc.) Forename: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Club: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Surname: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ D.O.B: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Stroke: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Distance: \_\_\_\_\_\_\_\_\_\_ Pool Length: \_\_\_\_\_\_\_\_\_ Venue: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of swim: \_\_\_\_\_\_\_\_\_\_\_\_\_\_  Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ A copy of the results and any other supporting documentary evidence should support all claims. If the record is set at an event when AOE is not in use it should be certified as correct by the referee.  I certify the time is the official time for the named swimmer. Two qualified timekeepers were used.   Referee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **(Signature) (Name)** **Please send this completed form with any supporting documentation to the East Region Records Officer: Mr David Robinson, 25 Holywell Close, Bury St Edmunds, Suffolk IP33 2LS. Telephone: 01284 723587. Email:** records@eastswimming.org |
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