



Cumbria Amateur Swimming Association

Record Claim Form

Record:	<input type="checkbox"/> Age Group Record Age: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> Junior County Record <input type="checkbox"/> County Record
Record Applied for: (eg Boys 100m Freestyle)	<input type="checkbox"/> Girls <input type="checkbox"/> Women's <input type="checkbox"/> Boys <input type="checkbox"/> Men's _____ m _____
Time:	_____ : _____ . _____
Made by: (Full Name) For team events please list all team members in order of swim.	
ASA Registration No:	
Date of Birth:	____ / ____ / ____
Club of Application for Record: (This must be the club the swimmer is representing on the day and the name of Cumbrian club if not the same)	
Date of Swim:	____ / ____ / ____
Venue:	
Occasion of Gala:	
Length of Pool:	<input type="checkbox"/> 25m Short Course <input type="checkbox"/> 50m Long Course

Claim form to emailed to the County Records Officer 'John Conery'
(john.coneryswimming@gmail.com) no later than 28 days after the date of the swim.

Claims will only be accepted from Licensed Level 1,2 & 3 Meets.

Date Received:	____ / ____ / ____	Date Actioned:	____ / ____ / ____
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