

NORTHAMPTONSHIRE ASA - RELAY COUNTY RECORD APPLICATION FORM

AFFILIATED TO EAST MIDLANDS ASA

ALL RECORD CLAIMS MUST BE MADE WITHIN 28 DAYS OF SWIM.

Full Name _____ ASA Number _____

Full Name _____ ASA Number _____

Full Name _____ ASA Number _____

Full Name _____ ASA Number _____

Email Address _____

Home Club _____

RECORD APPLIED FOR

Please tick appropriate box

Male Female

Long Course Short Course

RELAY EVENT _____

Occasion or Gala _____ License No. _____

Date of Gala _____ Time Achieved _____ Venue _____

Was electronic timing used Yes No **If yes Please supply a copy of the result**

If electronic timing was not used please complete below:

Timekeeper 1 Name _____ Time Recorded _____

Club _____ License _____

Timekeeper 2 Name _____ Time Recorded _____

Club _____ License _____

Timekeeper 3 Name _____ Time Recorded _____

Club _____ License _____

Signatures of two officials who witnessed the performance and who certify that the regulations of the ASA have all been observed.

Signature 1 _____ Signature 2 _____

Name _____ Name _____

Qualification _____ Qualification _____

Office Use Only

Date Claim for received _____ Approved Yes No

Post to: County Record Secretary: The Rockingham, 9 Hunting Lodge Mews, High Street, Cottingham
Market Harborough LE16 8YN or email coach.marshall@btinternet.com

