USA SWIMMING

NATIONAL AGE GROUP SWIMMING RECORD APPLICATION

Application Date:_____

_____ _____ _____ _____
Name of Athlete (or club if relay) **Age** **Birth date** **Sex**

_____ _____ _____ _____
Address **City** **State** **Zip Code**

_____ _____ _____
USA Swimming # **Citizenship** **LSC**

_____ _____
Club Affiliation **Coach**

Event_____ _____ _____
Stroke & Distance **Yards or Meters** **Time**

_____ _____ _____
Name of Meet **Dates of Meet** **Date of Swim**

_____ _____
Location of Meet **Host LSC**

Relays only
For relay's, list the names, ages, and USA Swimming registration # for all four swimmers.

1._____ **2.**_____

USA Swimming #_____ **USA Swimming #**_____

3._____ **4.**_____

USA Swimming #_____ **USA Swimming #**_____

This signature certifies that the applicant is a U.S. Citizen and that the reported time conforms to USA Swimming regulations. Attach a copy of the appropriate page of the meet results, signed by the meet referee Or his/her designated official.

Meet referee_____

LSC Records Chairperson_____

Address_____
Phone Number_____

Mail to Isabelle Fraser
National Age Group Records Chairman
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Longmeadow, Ma. 01106
e-mail: fraswim@yahoo.com