

**ESSEX COUNTY AMATEUR SWIMMING
ASSOCIATION**

COUNTY RECORD APPLICATION FORM



Personal Details:

Name:

Address:

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Telephone Number: Date of Birth:

Club: Registration Number:

Record Details:

Date: Time:

Stroke: Distance :

Long Course (50m)/Short Course (25m):

Junior/Senior:

Pool/Timer Details:

Name of Pool:

Automatic/Semi Automatic/Hand held timers:

Officials:

Referee:

Chief Timekeeper:

Timekeepers(3).....

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In the event that condition 4.1 is not applicable, this application form, together with the certified competitor card, relevant page from the official results or other appropriate evidence, is to be returned to the Records Administrator within 40 days.

Records Administrator
11 Poppyfield Close
Eastwood SS9 5PJ
records@essexswimming.org