ALBERTA SUMMER SWIMMING ASSOCIATION

www.assa.ca

ASSA PROVINCIAL RECORD APPLICATION FORM

INSTRUCTIONS:

- 1. Complete all the fields in the form below Please print clearly using a pen and attain all the appropriate signatures
- 2. Fax or email a copy of the completed records application to the ASSA Records and Trophies Chairperson (preferably within 48 hours of the meet)
- 3. File a copy of the application and a copy of the lane card or electronics print-off with the meet results (to be kept by the meet manager for at least one year)
- 4. Mail the <u>original</u> application with the <u>original</u> lane card or electronics print-off to the ASSA Records and Trophies Chairperson's postal address (please contact the ASSA Records and Trophies Chair to obtain mailing address).

Application Date	
(Month DD, YYYY)	
Meet Name	Meet Dates (Month DD, YYYY - Month DD, YYYY)
Host Club	· · · · · · · · · · · · · · · · · · ·
Name of Pool	City
Event (ex. Boys 13-14 50 metre Fly)	Date of Swim(Month DD, YYYY)
Official Time	Club Affiliation

Complete the table below with the swimmer's information:

For individual records, use only the first row, for relay records use all four rows to list all the swimmers from the relay team

Last Name of Swimmer	First Name of Swimmer	Gender	Birth Date	ASSA Age	ASSA #

CERTIFICATION:

We, the undersigned Officials, hereby attest to the record-breaking performance of the applicant(s). We certify the meet was duly sanctioned, and that all S/NC and ASSA bylaws, policies, procedures, rules and regulations relating to establishing an ASSA Provincial Record were strictly observed.

Referee		Chief Timer		
	(Signature)		(Signature)	
Recorder		Meet Manager		

(Signature)

(Signature)