

Swimming Northern Territory Incorporated

APPLICATION FOR RECORD(S)

Application is hereby made for recognition of the performance by:



CLUB: _____

	Family Name	Given Name	Date of Birth
Individual	_____	_____	/ /
Relay			
Swimmer #1	_____	_____	/ /
Swimmer #2	_____	_____	/ /
Swimmer #3	_____	_____	/ /
Swimmer #4	_____	_____	/ /

Details of Record Claimed

NT ALL COMERS		BEST BY A NORTHERN TERRITORIAN	
MALE	FEMALE	OPEN	AGE
8 YEARS	9 YEARS	10 YEARS	11 YEARS
12 YEARS	13 YEARS	14 YEARS	15 YEARS
16 YEARS		17 YEARS	
FREESTYLE	BACKSTROKE	BREASTSTROKE	
BUTTERFLY		INDIVIDUAL MEDLEY	
50 METRES	100 METRES	200 METRES	
400 METRES	800 METRES	1500 METRES	

NAME OF MEET _____

Age on first day of meet _____ years

Date of swim ____ / ____ / ____ **Time** ____ : ____

RECORDERS USE ONLY			
AOE TIME:	_____	_____	_____
Operators signature	_____		
DETAILS OF PREVIOUS RECORDS			
NT ALL COMERS	_____	SET BY: _____	DATE ____ / ____ / ____
BBNT	_____	SET BY: _____	DATE ____ / ____ / ____
Record Officers signature	_____		

NAME OF REFEREE	_____		
REFEREES SIGNATURE	_____	DATE	____ / ____ / ____

Entered in Record Book:	____ / ____ / ____	Certificate prepared	____ / ____ / ____
TM Database Updated:	____ / ____ / ____	Certificate presented	____ / ____ / ____