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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