



# Club Record Claim Form

Applications for a Club Record must be sent by the swimmer/parent/guardian, within 28 days of the swim to:

Club Record Officer (Pool Records) Email: [dlgcclubrecords@gmail.com](mailto:dlgcclubrecords@gmail.com)

Open Water Secretary (Open Water Records) Email: [dlgcopenwater@gmail.com](mailto:dlgcopenwater@gmail.com)

An acknowledgement of receipt will be sent within 3 days.

**APPLICANT'S FULL NAME** \_\_\_\_\_

**APPLICANT'S ADDRESS (INC. POSTCODE & TEL NO.)** \_\_\_\_\_

**APPLICANT'S DATE OF BIRTH** \_\_\_\_\_

**AGE ON DAY** \_\_\_\_\_ **(POOL SWIM)** **AGE ON 31<sup>st</sup> DEC** \_\_\_\_\_ **(OPEN WATER)**

**DATE OF SWIM** \_\_\_\_\_ **DISTANCE SWUM** \_\_\_\_\_

**STROKE** \_\_\_\_\_ **TIME CLAIMED** \_\_\_\_\_

**TITLE OF EVENT/MEET** \_\_\_\_\_

**VENUE (POOLNAME OR SEA/LAKE LOCATION)** \_\_\_\_\_

**POOL LENGTH - SHORT/LONG COURSE** \_\_\_\_\_

## **DECLARATION**

I ATTACH A COPY OF THE RESULTS SHEET FOR THE EVENT (THIS IS OBLIGATORY) AND WISH TO CLAIM THE ABOVE DLGC CLUB RECORD.

THE TIME CLAIMED IS SHOWN IN EVENT \_\_\_\_\_\*\* HEAT/FINAL\*\*

SIGNATURE OF CLAIMANT \_\_\_\_\_ DATE \_\_\_\_\_  
or Parent/Guardian if under 16yrs)

\*\* PLEASE DELETE AS APPROPRIATE