

Welsh Record

Application Form

**Please note this form must be completed and returned to the Swim Wales Office at the below address in order for a new record to be ratified.**

*\*\*Please note that Welsh Junior Records are Under 16 years on the day of competition*

|  |
| --- |
| **Details of Swimmer** |
|  |
| **Name** |  |
| **Date of Birth** |  |
| **Address** |  |
| **Post Code** |  |
| **Email Address** |  |
| **Club** |  |
| **Membership No.** |  |
|  |  |
| **Details of Record** |
|  |
| **Long Course Record**  |  |  |  | **Short Course Record** |  |  |
|  |  |  |  |
| **Event** |  |
| **Time** |  |
| **Date** |  |
| **Venue** |  |

Please return all forms to:

Swim Wales

Wales National Pool Swansea,

Sketty Lane,

Swansea,

SA2 8QG

Email: ross.nicholas@swimming.org