STATE RECORD APPLICATION - VERIFICATION OF TIME

This certifies that:

Swimmer's Name
(first name) *(middle initial)* *(last name)*

Address

City, State, Zip
(city) *(state)* *(zip code)*

Birthday (mm-dd-yyyy)

Club Info Club Code:
(club name) *(club abbreviation)*

USA Swimming ID

Official Time

Event:

(gender, age group) *(distance)* *(course)* *(stroke)*

Meet Date (mm-dd-yyyy)

Meet Name
(meet name) *Host team*

Host Site

Meet Referee
(name) *e-mail*

Meet Director
(name) *e-mail*

Relay Records (event & time listed above):

Swimmers Names (first, mi, last)	USA Swimming ID	Birthday (mm-dd-yyyy)
1)		
2)		
3)		
4)		

NOTE: For verification purposes, Record Applications for times that are achieved at a meet outside of the Minnesota Swimming LSC must include: a) Final meet results including meet site, date, sanction number, or b) a page from SWIMS Times on the USA Swimming website.

Submitter's Name:

Submitter's e-mail:

Date Submitted:

Mail (or e-mail) this form to:
Tracy Meece, Operations Manager
E-mail: tmeece@mnswim.org
Mail: 1006 Shagbark Lane Ct, Decorah, IA 52101