



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 name) Club Code: (club abbreviation)

USA Swimming ID

Official Time

Event: 10 Under Girls 50 SCY Freestyle (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@mnswwim.org Mail: 2112 Robins Nest SE, Alexandria, MN 56308