



DOVER LIFE GUARD CLUB  
RECORD APPLICATION FORM

APPLICATIONS FOR RECORDS MUST BE SENT BY THE CLAIMANT TO THE SWIMMING RECORDS SECRETARY, MRS T WATERS WITHIN 28 DAYS OF THE SWIM.

APPLICANT'S FULL NAME		
APPLICANT'S ADDRESS (INCLUDING POST CODE AND TELEPHONE NO.)		
APPLICANT'S DATE OF BIRTH		
AGE GROUP		
DISTANCE SWUM		
STROKE		
TIME CLAIMED		
DATE SWIM TOOK PLACE		
TITLE OF EVENT/MEET		
VENUE (POOLNAME/LOCATION)		
POOL LENGTH		(FOR OFFICE USE) SHORT/LONG COURSE

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

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

SIGNATURE OF CLAIMANT.....

SIGNATURE OF PARENT/GUARDIAN IF A JUNIOR (under 16yrs of age)

.....

DATE .....

\*\* PLEASE COMPLETE/DELETE AS APPROPRIATE