

WASC CLUB RECORD CLAIM FORM

This form to be returned to WASC Secretary or Club Coach within 28 days of the swim.

Name Date of Birth

Record Claimed: Under 12 years Under 16 years Open Age Group

Stroke Distance Time

Date of Swim Venue of Swim

Event: (e.g. Trophy Gala / Club Champs / Open Meet)

Official Result Sheet attached Official Timecard attached

Note: No result sheet or timecard is required for swims in County and Club Championships or when swimming as part of a Wellingborough ASC selected team.

FOR OFFICIAL USE ONLY			
Form Received by	Date	Time	
Checked: <input type="checkbox"/>	Time <input type="checkbox"/>	Date <input type="checkbox"/>	Manual <input type="checkbox"/>
	Computer <input type="checkbox"/>		
News <input type="checkbox"/>	Certificate <input type="checkbox"/>	Ratified by WASC committee <input type="checkbox"/>	
	Record Sheet on Notice Board Updated <input type="checkbox"/>		
			<small>claimrec.doc.06/99</small>

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THIS PORTION TO BE RETURNED TO SWIMMER BY CLUB SECRETARY OR COACH ON RECEIPT OF CLAIM FORM

Swimmer to complete:

Claim:
Distance & Stroke Time Date of Swim

Secretary or Coach to complete:

Claim form received by on(date)

Note to swimmer: You should keep this receipt until you receive the certificate for your Record. It is your evidence of the claim having been received by WASC.