



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 (*circle*): 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)

Short Course Long Course

Official Result Sheet Attached Official Timecard Attached

Note: Result sheets and / or timecards are not required for individual swims in County and Club Championships and 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"/>				



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.