

**DARLING DOWNS REGIONAL SWIMMING ASSOCIATION INC.**

**APPLICATION FOR A RECORD**

**SWIMMER'S DETAILS:**.....  
(1<sup>st</sup> NAME) (SURNAME)

CLUB: .....DATE of BIRTH:.....

SWIM MEET: .....DATE: .....

**DETAILS of RECORD CLAIM** (Please circle choices)

SEX: MALE or FEMALE                      AGE GROUP .....Yrs and/or OPEN

TYPE: LONGCOURSE or SHORTCOURSE;                      BEST BY DARLING DOWNS

EVENT: metres .....  
(DISTANCE) (STROKE)

**OFFICIAL TIME:**

**CERTIFICATION OF THE CLAIM.**

Option 1      If timing was via semi automatic timing: - Show the three times that were Recorded times by the timekeepers. [1..... 2..... 3 .....]

- The chief referee is satisfied that the standard of officiating (esp. referee, time keepers and starter) was satisfactory for the claiming of a DDRSA record.
- The referee(s) on pool deck at the time of this event was/were qualified.

NAME OF CHIEF REFEREE .....

I certify that the above details are correct .....

\_\_\_\_\_ SIGNATURE OF CHIEF REFEREE OR MEET DIRECTOR

Option 2      If timing was electronic:-  
I certify that the operation of the electronic timing and the standard of officiating (esp. referee, timekeepers and starter) were such that I am confident that the published official time in relation to this record claim is accurate.

.....  
\_\_\_\_\_ NAME and SIGNATURE OF CHIEF REFEREE OR MEET DIRECTOR

Option 3:      If the record claim is from a state, national or international meet; please simply attach a paper-copy or website reference.

**PLEASE NOTE**  
**THIS FORM IS TO BE RETURNED WITHIN 14 DAYS FOR THE RECORD TO BE CONSIDERED FOR RATIFICATION**  
**ADDRESS – PO Box 494, Toowoomba, Qld 4350**