

# Cambridgeshire Amateur Swimming Association

Affiliated to Eastern Region ASA

## COUNTY RECORD APPLICATION

(All parts to be completed)

Name:

Address:

Email:

Telephone No:

ASA No:

Date of Birth:

Club:

Age Group                      years (Junior/Senior) *Age at 31<sup>st</sup> December*  
*(Juniors 16 years and under / Seniors 17 years and over)*

Stroke:

Distance:                      m

Time Achieved:

Pool length                      m

Time (25m conversion):

Date Achieved:

Venue:

Event:

Licensed? Yes/No

Applicant's signature:

Date:

For consideration of application, please enclose:

For licensed events

copy of result sheet

(showing event details/date of event/time achieved)

For non-licensed events Results sheet/competitors card

(signed by referee & timekeepers)

Referees name

Timekeepers name

Timekeepers name

Applications for records are to be made within three months of the date of swim  
to:

Records Secretary, Rob Stokes, 47 Brookfurlong, Ravensthorpe, Peterborough, PE3  
7LG

Email: [stokesfamily47@hotmail.com](mailto:stokesfamily47@hotmail.com)