West Suffolk Swimming Club

RECORD CLAIM FORM

Male/Female	Short/Long Course	Distance	Stroke	Time min/sec/hdth

Swimmer Details:

Name……

Age…… D.O.B…….

SE Reg…….

Date of swim……

Venue……

Competition name……

Please send your completed form to the records officer (Elspeth Baker) at records@westsuffolkswimming.co.uk for ratification and the new record will published accordingly.