

BRITISH COLUMBIAN RECORD APPLICATION FORM FOR OUT OF PROVINCE MEETS

Swimmer's Name: _____ | Male ___ | Female Birthdate: ____|____|____ AGE _____
Month/day/year

Swimmer's Address: _____ Province _____ Postal Code _____

MSABC SWIMMERS REGISTRATION # _____

Name of Club: _____ Club Code: _____

SWIM MEET ATTENDED

Province/State/Country: _____ Name of Meet _____

Location of Meet: _____ Date of Meet _____

Website Address for results verification _____ (or attach Proof of times if available)

ACCURATE WEBSITE ADDRESS OR PROOF OF TIMES IS THE RESONSIBILITY OF THE SWIMMER FOR THE RECORDS TO BE RECOGNIZED

Event # _____ Distance: _____ Stroke: _____ Short Course _____ Long Course _____ Time _____

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Event # _____ Distance: _____ Stroke: _____ Short Course _____ Long Course _____ Time _____

Event # _____ Distance: _____ Stroke: _____ Short Course _____ Long Course _____ Time _____

RELAY EVENT:

Team Name: _____ Event# _____ Event name # _____ Time Achieved _____

· Name: _____ | Male ___ | Female Birthdate: ____|____|____

· Name: _____ | Male ___ | Female Birthdate: ____|____|____

· Name: _____ | Male ___ | Female Birthdate: ____|____|____

· Name: _____ | Male ___ | Female Birthdate: ____|____|____

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