APPLICATION FOR GUAM SWIM RECORD

1. **Event:**_____ Men☐ Women☐ Mixed☐
   (distance & stroke)

2. **Event Type:** Individual☐ Relay☐ 3. **Course Length:** 50-meter LC

4. **Member Aquatics Team:** _____

5. **Name of Competition:** _____

6. **Location of Competition:** _____ 7. **Date:** _____

8. **Record Category(ies):** Age Group _____ (8 & under; 9-10; 11-12; 13-14; 15-16; 17-18)
   (indicate as appropriate)
   Open (age 19+)☐ Mixed Age Relay☐ National☐

9. **Official Time Claimed:** _____

10. **Swimmer(s)' Information:**

Full Name *(first, middle, last)*	**Gender** M/F	**Date of Birth** *(mm/dd/yyyy)*	**Age**
For Relay Events, List Swimmers in Order:			
(1)			
(2)			
(3)			
(4)			

11. **Previous Record:**

Previous Record Time:
Name of Swimmer:
Date of Previous Record:

For meets outside of Guam, a copy of the official results must be attached to this form. Times or screenshots as posted on the competition's official competition website will also be recognized.

THIS VERIFIES THAT THE SWIM RECORDED ABOVE HAS BEEN CERTIFIED AND OFFICIALLY RECOGNIZED AS A NEW GUAM AQUATICS SWIMMING RECORD.

Guam Aquatics President or Secretary General Date