

Age/Open

Hawke's Bay / Poverty Bay
Application for Recognition of an Age Group Record
Individual Short/Long Course

Name of Pool _____ Length _____

Swimmer's Details

Name in Full _____

Club _____ Centre _____

Date of Birth _____ Registration No. _____

Record Details

Distance _____ Date _____

Man/Woman _____ Style: Freestyle / Backstroke / Breaststroke / Butterfly / Medley

Time: _____ mins _____ secs _____ hths _____ Manual/Electronic

Certificate of Referee

I hereby certify that I was the Referee at the _____ meeting and that all rules of SNZ pertaining to New Zealand Records were fully observed so far as the above application is concerned.

Signed: _____ (Referee)

Certificate of Chief Timekeeper

I hereby certify that as the Chief Timekeeper duly appointed at the above mentioned meeting:

- a) I personally examined the faces of the watches at the conclusion of the event in respect of which the record is hereby claimed.
- b) That the watches were not cleared until authorised by me.
- c) That the times shown on the faces of the respective watches were:

Watch 1	Watch 2	Watch 3
_____ mins _____ secs _____ hths	_____ mins _____ secs _____ hths	_____ mins _____ secs _____ hths

a) That the time as computed by me in accordance with SNZ Rules was _____ mins _____ secs _____ hths _____ Manual/Electronic
Signed _____ (Chief T/K)

For office use:

Date application received _____ Date dealt with _____

Decision _____ Date certificate issued _____