

College Club Swimming Record Application Form

Distance:			Stroke (or Relay):				
Of	icial Time:		Date of Swi	m:	· · · · · · · · · · · · · · · · · · ·		
Ent	er Individual Swi	mmer Information der and provide pe	on Line 1 or, i ersonal informa	if relay, tion.	use all fo	ur lines to name each	
#	Name	Gender			CCS ID	Team	
1							
2							
3							
4							
	eet Informat	ion:		•			
Me	et Referee: _						
	Referee Ad	ldress:					
	Email:		Ţ.	Phone:			

REFEREE: I certify that the required number of personnel officiated during the above performance and were properly qualified officials, and the described performance complied with the rules of United States Masters Swimming including the use of Legal Swim Suits



Signature:	Date:
Venue Information:	
Event Venue:	
☐ Certification of Pool Me (Permanent Length Pool OR	asurement on File with USA Swimming ls Only)
☐ Measurement Made at the performed in and is attached.	he Conclusion of the session swim was ched
Meet Files:	
☐ Below must be submitted collegeclub@usmasterss completion of the meet:	d to wimming.org within 7 days of the
accompanied wi AND	sults (paper copy of event results ith electronic meet file) e from electronic timing system if
OR	er Sheets with stopwatch times, recorded



Applicant Information:

Name:	Date:	
Address (including City/State/Zip):		
Email:	Phone:	

Notes:

- 1. The event must have a designated meet official acting as the starter and/or referee.
- 2. CCS accepts fully automatic timing with touchpads or manual timing by individual lane timers with a minimum of 2 stopwatches per lane.
- 3. The CCS Competition committee reserves the right to question <u>ANY</u> times submitted from meets using manual timing as their primary timing system.
- 4. If a movable bulkhead was used, a pool certification showing measurements of the pool at the conclusion of the session the record was achieved in must be attached.