

Jersey Masters Swimming

Masters Record Application

POST TO

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OR E-MAIL TO

1. EVENT		
AGE GROUP	yrs	MALE/FEMALE
POOL LENGTH	SHORT COURSE (25M) / LONG COURSE (50M)	

2. NAME OF SWIMMER	
FIRST NAME	
LAST NAME	
CLUB NAME	
CLUB LOCATION	
ASA NUMBER	
SEX	M / F
DATE OF BIRTH/...../.....

3. RECORDED TIME	(Note: Electronic Printout and/or results sheet must be supplied)
OFFICIAL TIMEmin.....sec.....sec/100
COPY OF TIMING PRINTOUT / TIME CARD ATTACHED	<input type="radio"/>
COPY OF RESULT SHEET ATTACHED	<input type="radio"/>
LINK TO RESULTS WEBSITE	<input checked="" type="radio"/>
WEBSITE	

4. LOCATION / DATE OF MASTERS MEET	
COMPETITION	
POOL NAME	
DATE	
TOWN / CITY	
COUNTRY	

5. RECORDING	
DATE RECEIVED	
DATE RECORDED	
RECORDED BY	