



## ICELANDIC RECORD APPLICATION FORM

Circle the appropriate age group:                      Men Open    Men 15-17    Boys 13-14    Boys 12 and younger  
   Women Open    Women 15-17    Girls 13-14    Girls 12 and younger

Meet name: \_\_\_\_\_ Date : \_\_\_\_\_  
Name of responsible: \_\_\_\_\_ Name of Pool: \_\_\_\_\_  
Event: \_\_\_\_\_ Pool length : \_\_\_\_\_ m.

Electronic timing: \_\_\_\_\_ Manual timing: \_\_\_\_\_

Swimmer Name : \_\_\_\_\_ Team/club : \_\_\_\_\_  
Address: \_\_\_\_\_ DOB(dd.mm.yyyy) : \_\_\_\_\_

Names of Relay swimmers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other remarks : \_\_\_\_\_  
\_\_\_\_\_

### Meet officials:

Referee : \_\_\_\_\_

\_\_\_\_\_  
Referee (sign.)

\_\_\_\_\_  
Control-room Supervisor (sign.)

The application form has to be sent to the Icelandic Swimming Association **within 14 days** of record performance along with results of the meet.

Date of application received: \_\_\_\_\_ Application approved : \_\_\_\_\_