Bedfordshire ASA Masters Record Claim Form



CAPITAL LETTERS PLEASE

Forename:		Surname:		
D.O.B:		ASA Membership Number:		
Address:				
	Postcode:			
I hereby claim t	he following Bedford	lshire ASA Masters	Record:	
Male/Female	Long course 50m/ short course 25m	Stroke	Distance	Age Group
·	ettered the existing re	·	J	J
	: Date of swim:			
Pool Length:	Recorded Time			
-	g for the following Bene Bedfordshire ASA		์ which I am a เ	member, or was
	ults of this meet can			 ddress:
other supportine event when AO	_ ,	ence should suppor laim should be cert	t all claims. If t	— the results and any the record is set at an t by the lead referee,
This I certify the timekeepers we	e time is the official to ere used.	ime for the named	swimmer. Two	ASA registered
Referee's Nam	e	ASA Membership Number		
Signature		Date		

Please send this completed form with any supporting documentation to the Bedfordshire County ASA Masters Records Officer by email to: john.bellis123@btinternet.com (or by post to: Mr John Bellis, 438 Shenley Wood Village. Chalkdell Drive. Shenley Wood. Milton Keynes. MK5 6GN.)