Logo

Description automatically generated

COUNTY RECORD CLAIM FORM

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Forename: |  |  | Surname: |  |
| ASA No.: |  |  | Date of Birth: | (DD/MM/YYYY) |

I HEREBY CLAIM THE FOLLOWING BEDFORDSHIRE ASA COUNTY RECORD:

|  |  |
| --- | --- |
| Male / Female: |  |
| Long (50m) or Short (25m) Course: |  |
| Stroke: |  |
| Distance: |  |
| Senior / Junior / both: |  |

I EQUALLED OR BETTERED THE EXISTING RECORD WHILST COMPETING AT THE FOLLOWING EVENT:

|  |  |
| --- | --- |
| Name of Meet: |  |
| Meet License Number: |  |
| Venue: |  |
| Date of Swim: |  |
| Pool Length: |  |
| Recorded Time (e.g. 01:23.45): |  |

[P.T.O.]

Logo

Description automatically generated

CONTUNIED

I WAS COMPLETING FOR THE FOLLOWING BEDFORDSHIRE CLUB, OF WHICH I AM A MEMBER, OR WAS COMPETING FOR THE BEDFRODSHIRE ASA COUNTY TEAM:

|  |
| --- |
|  |

THE OFFICIAL RESULTS OF THIS MEET CAN BE FOUND ONLINE AT THE FOLLOWING ADDRESS OR ARE ATTACHED:

|  |
| --- |
|  |

CONFIRMATION:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature: |  |  | Date: |  |

Please send this completed form with any supporting documentation to the Secretary Bedfordshire ASA by email to: [secretary@bedscountyasa.com](mailto:secretary@bedscountyasa.com).

Please note that claims must be made within 21 days of the time being set.

[END]