

## STATE RECORD APPLICATION - VERIFICATION OF TIME

This certifies that:

Swimmer's Name

*(first name)*

*(middle initial)*

*(last name)*

Address

City, State, Zip

*(city)*

*(state)*

*(zip code)*

Birthday (mm-dd-yyyy)

Club Info

*(club name)*

Club Code:

*(club abbreviation)*

USA Swimming ID

### Official Time

#### Event:

10 Under Girls

*(gender, age group)*

50

*(distance)*

SCY

*(course)*

Freestyle

*(stroke)*

Meet Date (mm-dd-yyyy)

Meet Name

*(meet name)*

*Host team*

Host Site

Meet Referee

*(name)*

*e-mail*

Meet Director

*(name)*

*e-mail*

### Relay Records (event & time listed above):

Swimmers Names (first, mi, last)                      USA Swimming ID                      Birthday (mm-dd-yyyy)

1)

2)

3)

4)

**NOTE:** For verification purposes, Record Applications for times that are achieved at a meet outside of the Minnesota Swimming LSC must include: a) Final meet results including meet site, date, sanction number, or b) a page from SWIMS Times on the USA Swimming website.

Submitter's Name:

Submitter's e-mail:

Date Submitted:

#### Mail (or e-mail) this form to:

Kate Lundsten, MSI Records Chair

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