



Application for a Deaf World Record – Swimming: Application is hereby made for a Deaf World Record, in support of which the following information is submitted – *(please print)*

GENERAL INFORMATION		
Swimming Event		<input type="checkbox"/> 25 metre <input type="checkbox"/> 50 metre <input type="checkbox"/> Men <input type="checkbox"/> Women
Date of Event (Day/Month/Year)	Time of Event	Record claimed
Name of Event	Name of Pool	Town and Country
Competitor – Full Name (If relay team, names in order of competing)	Birth date (Day/Month/Year)	Competitor – Country
Competitor – Full Name	Birth date (Day/Month/Year)	Competitor – Country
Competitor – Full Name	Birth date (Day/Month/Year)	Competitor – Country
Competitor – Full Name	Birth date (Day/Month/Year)	Competitor – Country

POOL		
Pool: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Was the water still? <input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturer of Electronic Equipment

GUARANTEE BY REFEREE		
I hereby certify that all the information recorded on this form is accurate, that the officials conducting the Event were duly qualified and that the appropriate FINA Rules of Competition were complied with. I also hereby certify that the facilities used were in conformity with FINA Rules.		
Name of Referee	Date (Day/Month/Year)	Signature
The printed programme of the meeting, the complete results of the event as well as a copy of the Results Card and the official results must be enclosed with this application. Send all information to: Secretariat 528 Trail Avenue Frederick, Maryland 21701 USA FAX: +1 301 620 2990		

RECOMMENDATION BY MEMBER FEDERATION	
The undersigned Member hereby certifies that it is satisfied with the accuracy of this application and recommends it for acceptance:	
President (signature)	Secretary General (signature)
Name of Member Country	Date (Day/Month/Year)

FOR INTERNATIONAL COMMITTEE OF SPORTS FOR THE DEAF OFFICIAL USE ONLY		
Technical Director	Signature	Date (Day/Month/Year)
Executive Director	Signature	Date (Day/Month/Year)
State reasons if not approved:		