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Swimming - PNZ Record Application

Sport Referee

I, _____, certify that I was the sport referee appointed to the sports competition listed below and submit this application for Paralympics New Zealand (PNZ) approval.

Competitor Details

Full Name _____ D.O.B _____
Class _____ Male / Female _____
Age Group _____ Open _____ Junior (19&U) _____ Masters (35+)
(circle one)
Home Region _____

Competition Details

Name of Competition _____
Location of Competition _____
Date Result was Achieved _____

Event Details

Event (Stroke, Distance) _____
Time Achieved _____
Pool Length _____ Long Course (50m) _____ Short Course (25m)
(please circle one)

Recording Details

This form must be signed by the two listed officials or alternatively, accompanied by proof of the performance from the competitions official results.

Type of Timing _____ **Electronic** _____
(please circle to confirm) Only performances recorded by Electronic Timing will be accepted for PNZ Swimming Records. A copy of the Electronic Timing printout must be attached to this form and signed by Chief Recorder.

Signed by

Chief Recorder
Name _____

Signature _____ Date _____

Countersigned by

Sports Referee
Name _____

Signature _____ Date _____