



Application for American Record

Name of Competitor: _____

Date of Birth: _____ Gender: Male Female

Classification S _____ SB _____ SM _____

Event Distance & Stroke (i.e. 100 backstroke): _____

Length of Course: 25y 25m 50m

Relay Team Names

Swimmer #1 _____

Swimmer #2 _____

Swimmer #3 _____

Swimmer #4 _____

Official Time: _____ Date Swum: _____

Manufacturer of Electronic Equipment: _____

Name of Competition: _____

City: _____ Name of Pool: _____

Was the water still? YES NO INDOOR OUTDOOR

Type of Competition: USA-S USMS YMCA

NCAA HS OTHER

Was the meet run under IPC Swimming Rules? YES NO

Name of Meet Referee: _____ Signature: _____

Submitted by: _____	Organization: _____
Position: _____	Signature: _____
Date: _____	

For U.S. Paralympics Use Only	
Application Received on: _____	Ratified/Denied on: _____
Position: _____	Signature: _____
Reason for Denial: _____	

****All applications must be accompanied by official meet results****

****Applications and accompanying documentation must be received by U.S. Paralympics within 14 days of the record setting swim****

Submit to:

Paralympic Division, Attn: Swimming American Records, United States Olympic Committee, One Olympic Plaza, Colorado Springs, CO 80909