

Howick Pakuranga Amateur Swimming and Lifesaving Club

RECORD APPLICATION FORM

Please print clearly

Name: Sex: Male / Female

Date of Birth:/...../..... Age on Day:.....

Registration No.: HPK.....

Venue:

Pool Length: Date:...../...../.....

Distance: (metres) Stroke:.....

Record Applied for:.....

Watch 1: Minutes Seconds

Watch 2: Minutes Seconds

Watch 3: Minutes Seconds

Return Time: Minutes Seconds

Chief Timekeeper:

Referee:.....

Give completed application form to club recorder

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