# *Masters Record Attempt Form*

Submit to Meet Admin Desk as per Meet Information Package

Record Type: Canadian ☐ World ☐

**Individual Event**

Name: _____ Male: ☐ Female: ☐

Swimmer ID #: _____

Date of Birth: _____

Name of Club _____ Club Code:

Event
(Distance and Stroke) _____

**Relay Event**

Name of Club: _____ Club Code:

Event
(Distance and Stroke) _____

Age Group: _____ Male: ☐ Female: ☐ Mixed: ☐

#1 Name: DOB: Swimming Canada ID #:

#2 Name: DOB: Swimming Canada ID #:

#3 Name: DOB: Swimming Canada ID #:

#4 Name: DOB: Swimming Canada ID #:

*** For a World Record Attempt Request, a copy of swimmer's Birth Certificate or Passport must be submitted with this completed form ***