

ALASKA SWIMMING RECORD REQUEST

Swimmer name(s) and age: *(list in order of swim if relay)*

- 1) _____
- 2) _____
- 3) _____
- 4) _____

Full name of swim team _____

Person requesting record: _____

Address record(s) shall be mailed to:

Event: _____ Yard/LCM/SCM

Time: ____: ____: ____

Age Group: _____

Date of swim: _____

Title of Meet: _____

Location of Meet: _____

This time is being submitted for:

(Please circle)

Age group record/ senior record

Please e-mail or mail this form along with proof of to:

Carolyn Frey
765 E. McAdoo Way
Wasilla, AK 99654
907-376-5036
grrmay@gci.net

(proof may include link to results, zip file or result page with referee signature)