# MONTANA SWIMMING STATE RECORD APPLICATION FORM

Date **Long Course Meters** **Short Course Yards**

***Swimmer Information:***

Name Male Female Age (at time of swim)

Club Name Club Abbreviation:

Swimmer’s Home Address

Swimmer’s signature

***Record Information:***

Meet Date of Swim

Event: Distance Stroke Time:

Is this swim a relay leadoff leg split or an initial distance split? YES\_\_\_\_\_\_ NO \_\_\_\_\_\_

If this is a leadoff leg or split time, what was the event? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Attest Signature

(Attest signature is usually the coach’s signature or team representative at meet.)

**Email to:** Kyle Kallin MT Swimming Record Chairperson [kallinkyle545@gmail.com](kallinkyle545%40gmail.com)

Revised 2/4/2020

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