



KY Swimming Records
Submission Form

Club Code _____ Coach's Name _____

Coach's Email _____ Coach's Phone # _____

Meet Name _____ Meet Location _____

Date of Meet _____

Athlete Name/s

*If relay, list in the
order of swim*

Individual Event Relay Event Short Course Yards Short Course Meters Long Course Meters

Stroke _____ (Free, Back, Breast, Fly, IM, Medley) Female Male

AGE GROUP 6&U 7-8 9-10 11-12 13-14 15-18 OPEN

TIME _____ (00:00.0)

Athlete Name/s

*If relay, list in the
order of swim*

Short Course Yards Short Course Meters Long Course Meters

Stroke _____ (Free, Back, Breast, Fly, IM, Medley) Female Male

AGE GROUP 6&U 7-8 9-10 11-12 13-14 15-18 OPEN

TIME _____ (00:00.0)

Athlete Name/s

*If relay, list in the
order of swim*

Short Course Yards Short Course Meters Long Course Meters

Stroke _____ (Free, Back, Breast, Fly, IM, Medley) Female Male

AGE GROUP 6&U 7-8 9-10 11-12 13-14 15-18 OPEN

TIME _____ (00:00.0)