



**Application for recognition of World Deaf Record – Swimming:** Application is hereby made for a World Deaf Record, in support of which the following information is submitted (*please print*)

GENERAL INFORMATION		
Swimming Event	Pool Length: <input type="checkbox"/> 25 metre <input type="checkbox"/> 50 metre	<input type="checkbox"/> Men <input type="checkbox"/> Women
Date of Meeting (Day/Month/Year)	Time of Event (AM/PM)	Performance Record Claimed: _____
Name of Meeting	Name of Pool	City and Country
Competitor - Full Name (relay events, names in order swimming)	Birth Date (Day/Month/Year)	Competitor - Country
Competitor - Full Name	Birth Date (Day/Month/Year)	Competitor - Country
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Competitor - Full Name	Birth Date (Day/Month/Year)	Competitor - Country
POOL		
Pool: <input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	Was the water still? <input type="checkbox"/> Yes <input type="checkbox"/> No	Manufacturer of Electronic Equipment:
GUARANTEE BY REFEREE		
I hereby certify that all the information recorded on this form is accurate, that the officials conducting the competition were duly qualified and that the appropriate FINA Rules of Competition were complied with. I also hereby certify that the facilities used were in conformity with FINA Rules.		
Name of Referee	Date (Day/Month/Year)	Signature
RECOMMENDATION BY NATIONAL DEAF SPORTS FEDERATION		
The undersigned Member hereby certifies that it is satisfied with the accuracy of this application and recommends it for acceptance:		
President (signature)	Secretary General (signature)	
Name of National Deaf Sports Federation	Date (Day/Month/Year)	
DOCUMENT CHECKLISTS		
All these documents below must be enclosed with this application. <input type="checkbox"/> The printed programme of the competition <input type="checkbox"/> The complete results of the event concerned <input type="checkbox"/> The official results of the competition	Send all original documents to: <b>International Committee of Sports for the Deaf (ICSD)</b> <b>Maison du Sport International</b> <b>54, Avenue de Rhodanie</b> <b>CH-1007, Lausanne, Switzerland</b>	

FOR INTERNATIONAL COMMITTEE OF SPORTS FOR THE DEAF OFFICIAL USE ONLY		
Technical Director	Signature	Date (Day/Month/Year)
Chief Executive Director	Signature	Date (Day/Month/Year)
State reasons if not approved:		