ILLINOIS SWIMMING

APPLICATION FOR
NATIONAL REPORTABLE TIME - ILLINOIS SWIMMING RECORD – ILLINOIS TOP TEN TIME

PLEASE CHECK ONE : ___ NATIONAL REPORTABLE TIME ___ ILLINOIS AGE GROUP RECORD ___ ILLINOIS TOP TEN TIME

NAME _____ _____ _____ MALE / FEMALE
(LAST) (FIRST) (MI) (CIRCLE ONE)

BIRTHDATE:_____ AGE OF ATHLETE ON DAY OF SUBMITTED COMPETITION _____
(MONTH / DATE / YEAR)

COMPLETE CURRENT *USA SWIMMING ID # _____ CLUB AFFILIATION _____ COACH _____
*MANDATORY INFORMATION

EVENT _____ M / Y _____ LC / SC/ SCM MEET TITLE _____ DATE OF EVENT _____
(DISTANCE) (METERS / YARDS) (STROKE) (COURSE) (NAME AND SANCTION #)

OFFICIAL TIME _____ Current ISI Record _____ Watch Times: 1. _____ 2. _____ 3. _____

IF PERTAINING TO A RELAY FILL IN BELOW

	RELAY MEMBERS	BIRTHDATE	CURRENT USA SWIMMING ID #	ATHLETE AGE ON DAY OF COMPETITION	ADDRESS, CITY, STATE, ZIP CODE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____

RETURN THIS FORM TO:
ILLINOIS SWIMMING, INC.
TOP TIME REQUEST
PO BOX 877
AURORA, IL 60507