



Application for recognition of Deaf European Record – Swimming: Application is hereby made for a Deaf EDSO Record, in support of which the following information is submitted (*please print*) If World Record, please **use ICSD** record form.

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
Competitor - Full Name	Birth Date (Day/Month/Year)	Competitor - Country
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	EMAIL: opansky@centrum.cz FAX: +420 585 432 864	European Deaf Sport Organization Ota Pansky Fischerova 21 779 00 Olomouc Czech Republic

FOR EUROPEAN DEAF SPORT ORGANIZATION OFFICIAL USE ONLY		
EDSO Official	Signature	Date (Day/Month/Year)
State reasons if not approved:		