



50m POSTAL SWIM FORM

Swimmer's Name: _____ Club: _____

Date of Postal Swim: ___/___/___ SC LC

Name of Swim Meet: _____ Date of Meet: ___/___/___

Tick (✓) the relevant stroke:

- 50m Freestyle 50m Backstroke
 50m Breaststroke 50m Butterfly

	Time
50m	
Official Time	

A postal swim must be done under the supervision of a club member with knowledge of the rules of swimming to verify that strokes and turns were executed in accordance with the Masters' rules. The timekeeper must record splits and the final time on this form. They are to sign the entry form to acknowledge the swim was performed correctly, and that timing was accurate.

Timekeeper:

Name: _____ Signature: _____.