

Qualifying Swim Record

OFFICIAL DOCUMENT FOR USE IN SUBMISSION OF APPLICATION FOR RELAY AND SOLO CHANNEL CROSSINGS

Name of Swimmer					
Venue Details	Sea / Lake / Other	Start Location		Finish Location	
Date		Swimwear Approved *		Using Grease	
Start time					

*swimwear as specified in channel rules

Hour	1	2	3	4	5	6
Stroke Rate Per 60sec						
Water Temperature °C						
Air Temperature °C						
Time of Feeding						
Hour	7	8	9	10	11	12
Stroke Rate Per 60sec						
Water Temperature °C						
Air Temperature °C						
Time of Feeding						
Average water temperature			Finishing Time		Finishing Date if different from start date	
Total Time Of Swim				Successful	Yes / No	

Comments:

I certify that swimmer _____ completed a _____ hour qualification swim within the Channel Rules* on the date of _____ and he / she has been successful

Assessor Date