



ILDSA Qualifying Swim Record

Official document for use in submission of an application for relay and solo channel crossings

Proof of completion in a recognised channel swim is satisfactory instead of this document

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 following the Channel Rules* on the date of _____ and he / she has been successful.