

## Retrospective Ratification of Solo Crossing – Application Form

### Personal Information

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Gender: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
Email: \_\_\_\_\_

### Historical Swim Information

Prior to this swim, had you previously completed a successful solo crossing? If yes, please specify date. \_\_\_\_\_  
\_\_\_\_\_

Prior to this swim, had you completed a successful 10km qualifying swim? Please provide information. \_\_\_\_\_  
\_\_\_\_\_

### Swim Information *(for which you are seeking ratification)*

Date of swim: \_\_\_\_\_

Departure Point: \_\_\_\_\_

Departure Time: \_\_\_\_\_

Arrival Point: \_\_\_\_\_

Arrival Time: \_\_\_\_\_

Time Taken: \_\_\_\_\_  
*(please specify hours, minutes and seconds)*

Was the solo crossing attempt successful?

YES / NO

Did you have approval from Fremantle Port Authority to complete your solo crossing? If you did, please provide a copy of this.

YES / NO

Did you have approval from the Department of Transport to complete your solo crossing? If you did, please provide a copy of this.

YES / NO

Did you have an Observer who can confirm the details of your solo crossing attempt? If you did, please have them sign this form or provide proof of this.

YES / NO

### Support Boat Information

Boat Name:	_____	Boat Length:	_____
Registration Number:	_____	Make of Boat:	_____
Engine Type:	_____	Mooring:	_____
Radio:	_____		
Skipper's Name:	_____	Skipper's DOB:	_____
Skipper's Address:	_____	Skipper's Phone:	_____
Skipper's Email:	_____		_____

### Rottneest Channel Swim Association Ratification

Have you previously sought ratification from the Rottneest Channel Swim Association for this solo crossing attempt? YES / NO

*If yes, for what reason was your solo crossing attempt not being previously ratified? If no, why are you only now seeking ratification?*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Observer Declaration

Print Name: _____	DOB: _____
Signed: _____	Dated: _____

### Swimmer Declaration

Print Name: _____	DOB: _____
Signed: _____	Dated: _____

*Note: Only the person who completed the solo crossing attempt as outlined in this form can sign this section.*