

Athletics Australia

Level 2, Athletics House
31 Aughtie Drive, Albert Park Vic 3206



APPLICATION FOR A RECORD - TRACK EVENT

To: The Records Officer, Athletics Australia
APPLICATION IS HEREBY MADE FOR AN AUSTRALIAN RECORD, IN SUPPORT OF WHICH THE FOLLOWING INFORMATION IS SUBMITTED: (Please type or use block capitals)

1. Event: _____

2. Class: Men All Comers U/20
 Women National U/18
 Indoor U/16

DISABILITY CLASSIFICATION

3. Record claimed (performance) _____

4. Full Name of competitor _____ Date of Birth ____/____/____
_____ Date of Birth ____/____/____
_____ Date of Birth ____/____/____
_____ Date of Birth ____/____/____

(For Relay events, the full names and dates of birth of all team members are required in order of running)

5. Competitor's State and Club (or Country if appropriate) _____

6. Competitor's Country of Citizenship _____

7. Date and time ____/____/____ a.m. / p.m.

8. Where held (Gound, City, Town or State) _____

GUARANTEE BY REFEREE

9. I hereby certify:-

That all the information recorded in this form is accurate.

That all the appropriate I.A.A.F. and Australian Rules of competition were complied with.

Name of Referee (BLOCK CAPITALS) _____

Address _____

Signature of Referee _____ Date ____/____/____

TIMEKEEPER'S CERTIFICATE - HAND TIMING

10. I, the undersigned official timekeeper of the event mentioned on this form do hereby certify that the time set opposite by signature was the exact time by my watch and that the watch used by me has been certified and approved by my State Association

WATCH NUMBER

(BLOCK CAPITALS)

_____	Time _____	Name _____	Signature _____
_____	Time _____	Name _____	Signature _____
_____	Time _____	Name _____	Signature _____

CHIEF TIMEKEEPER

11. I confirm the above Timekeepers exhibited their watches to me and that the times were stated

Name _____ Signature _____
(BLOCK CAPITALS) (Chief Timekeeper)

ELECTRONIC TIMING

12. A fully automatic timing device was used: Its trade name was _____

The time recorded was _____ and this was the official time.

(A print of the Photo-Finish must be enclosed)

The above device has been approved by Athletics Australia _____ Signature _____
(BLOCK CAPITALS) (Chief Photo Finish Judge)

WIND GAUGE

13. Force and direction of wind _____

Operator's Name (BLOCK CAPITALS) _____ Signature _____

TRACK MEASURER'S CERTIFICATE

14. I hereby certify that the track was measured, with an approved tape, the course over which this event was held

The exact distance was:-

_____ metres _____ cm

The length of one lap was _____ metres _____ cm

The maximum allowance for lateral inclination did not exceed 1:100 and in running direction 1:1000.

The approved tape was tested on ____/____/____ and the variation from standard was _____

Name of Technical Manager (BLOCK CAPITALS) _____

Address _____

Signature _____ Date ____/____/____

ADDITIONAL INFORMATION DESIRED FOR HISTORICAL PURPOSES:

State of Weather _____ Condition of track or runway _____

Type of track or runway _____

RESULT OF COMPETITION

15. The names of the first three competitors and their performances were as follows:-

1st _____

2nd _____

3rd _____

REPORT - RECORDS OFFICER

16. I have investigated the performances claimed, and recommend that the record be granted/not granted

Signature of Records Officer _____ Date ____/____/____

RECORD CERTIFICATE

17. Would you like to be presented with an Athletics Australia Record certificate? Yes/ No

If YES, Please provide your contact details so the certificate can be mailed to you.

Name:

Address:

Postcode:

MANDATORY SUPPORTING DOCUMENTS TO ACCOMPANY THIS RECORD APPLICATION:

A programme of the meeting

Copy of All Results

Photo Finish Print

Wind Readings (if applicable)

