



APPLICATION FOR A RECORD - FIELD EVENT

To: The Records Officer, Athletics Tasmania Inc. Box2051 GPO Hobart, 7001, info@tasathletics.org.au
APPLICATION IS HEREBY MADE FOR TASMANIAN RECORD, IN SUPPORT OF WHICH THE FOLLOWING INFORMATION IS SUBMITTED: (Please type or use block capitals)

1. Event: _____

2. Class:	<input type="checkbox"/> Men	<input type="checkbox"/> Open	<input type="checkbox"/> U/16
	<input type="checkbox"/> Women	<input type="checkbox"/> U/20	<input type="checkbox"/> U/15
	<input type="checkbox"/> State	<input type="checkbox"/> U/19	<input type="checkbox"/> U/14
	<input type="checkbox"/> All Comers	<input type="checkbox"/> U/18	<input type="checkbox"/> U/13
		<input type="checkbox"/> U/17	

3. Record claimed (performance) _____

4. Full Name of competitor _____ Date of Birth ____/____/____ Reg No _____

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

6. 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 World Athletics and Australian Rules of competition were complied with.

Name of Referee (BLOCK CAPITALS) _____

Address _____

Signature of Referee _____ Date ____/____/____

FIELD JUDGES' CERTIFICATE

10. We hereby certify that the measurement stated opposite our respective signatures is exact as measured in accordance with World Athletics Rules.

We also certify that the implement used and circle or runaway complied with World Athletics specifications.

(BLOCK CAPITALS)

_____	Distance or Height	Name _____	Signature _____
_____	Distance or Height	Name _____	Signature _____
_____	Distance or Height	Name _____	Signature _____

WIND GAUGE (Long Jump and Triple Jump only)

11. Force and direction of wind _____

Operator's Name (BLOCK CAPITALS) _____

Signature _____

SURVEYORS' OR MEASURERS' CERTIFICATE FOR FIELD EVENTS

12. I hereby certify that the lateral inclination of the runway did not exceed 1:100 and in the running direction 1:100.

We also certify that the ground where the implement landed was not lower than the runway or circle or that the level of the Long Jump or Triple Jump landing area was not lower than the take off board.

(Name BLOCK CAPITALS)

(Qualification)

(Signature)

GUARANTEE BY TECHNICAL MANAGER

13. I hereby certify:-

The Implement was correctly weighed after the event: Weight measured _____

The Tape used 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

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

1st _____

2nd _____

3rd _____

REPORT - RECORDS OFFICER

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

Signature of Records Officer _____ Date ____/____/____

* * * * *

MANDATORY SUPPORTING DOCUMENTS TO ACCOMPANY THIS RECORD APPLICATION:

A programme of the meeting

Copy of All Results

Wind Readings (if applicable)