



APPLICATION FOR A RECORD - TRACK EVENT

ELECTRONIC TIMING

To: The Records Officer, Athletics Tasmania Inc. Box2051 GPO Hobart, 7001, info@tasathletics.org.au

SUBMITTED: (Please type or use block capitals)

1. Event: _____

2. Class: Men Women State All Comers

Open U/20 U/19 U/18 U/17

U/16 U/15 U/14 U/13

CIRCLE AGE Group

3. Record claimed (performance) _____

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

(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. Country of Citizenship _____

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

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

GUARANTEE BY REFEREE

9. I hereby certify:- For relay complete section 13

That all the information recorded in this form is accurate.

That all the appropriate World Athletics ,Australian Rules,Tasmanian ByLaws of competition were complied with.

World Athletics Approved Footwear was worn.

Brand Was; _____ Model was: _____

The above footwear has been approved

Name of Referee (BLOCK CAPITALS) _____

Signature of Referee _____ Date ____/____/____

ELECTRONIC TIMING

10. 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

11. Force and direction of wind _____ If Electronic enclose copy

Operator's Name (BLOCK CAPITALS) _____ Signature _____

ADDITIONAL INFORMATION DESIRED FOR HISTORICAL PURPOSES:

State of Weather _____ Condition of track or runway _____
Type of track or runway _____

RESULT OF COMPETITION

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

or Copy of Electronic Results

1st _____
2nd _____
3rd _____

SHOES FOR RELAY RUNNERS GUARANTEE

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

Brand Was; Model was:

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

Brand Was; Model was:

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

Brand Was; Model was:

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

Brand Was; Model was:

The above footwear has been approved

Name of Referee (BLOCK CAPITALS) _____

Signature of Referee _____ Date ____/____/____

REPORT - RECORDS OFFICER

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

Signature of Records Officer _____ Date ____/____/____

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MANDATORY SUPPORTING DOCUMENTS TO ACCOMPANY THIS RECORD APPLICATION:

- A programme of the meeting
 - Copy of All Results
 - Photo Finish Print
 - Wind Readings (if applicable)
 - Lap Score Sheets (if applicable)
 - Walk Judge's Report (if applicable)
 - Zero Test Print Out
- Footwear approval