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| RECORD APPLICATION FORM  ATHLETICS – FIELD EVENT |

PLEASE COMPLETE THIS FORM ELECTRONICALLY AND THEN PRINT FOR SIGNATURE

CHAMPIONSHIP NAME

Male  or Female

Record Claimed       Metres

Regional  or World Record

Full Name of Competitor

Date of Birth       Competitor’s Country

Athletes Virtus Eligibility number (as on Master List)

Name of Stadium

Date of Meeting       Time of Event

Town       Country

EQUIPMENT OFFICER

I hereby certify that the Shot \ Discus \ Hammer \ Javelin used in the record claimed has been examined by me after the performance and conforms exactly with the relevant World Athletics Rules. I further certify that the implement used was manufactured by:

Which is freely available worldwide      Model

Name

Signature \_\_\_\_\_\_\_\_\_\_

FIELD JUDGES

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 circle or runway complied with World Athletics specifications.

DISTANCE OR HEIGHT NAME OF FIELD JUDGE SIGNATURE

     M       \_\_\_\_\_\_\_\_\_\_

     M       \_\_\_\_\_\_\_\_\_\_

     M       \_\_\_\_\_\_\_\_\_\_

SURVEYOR

I hereby certify that the facilities used were in conformity with World Athletics Rules.

NAME OF SURVEYOR QUALIFICATION SIGNATURE

            \_\_\_\_\_\_\_\_\_

WIND GAUGE (LONG JUMP AND TRIPLE JUMP ONLY)

Wind speed in the direction of running       Name of Operator

Signature \_\_\_\_\_\_\_\_\_\_

RESULT OF COMPETITION

The Names of the first three competitors and their performances were as follows:

a)

b)

c)

GUARANTEE BY REFEREE

I hereby certify that all the information recorded on this form is accurate, that the officials conducting the meeting were duly qualified and that the appropriate World Athletics Rules of Competition were complied with.

Name of Referee       Date

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

THE FOLLOWING MUST BE ENCLOSED WITH THIS APPLICATION

A programme of the meeting and a copy of the Results Card.

ADDITIONAL INFORMATION DESIRED FOR HISTORICAL PURPOSES

Weather conditions Press cuttings, if available

Type of throwing surface or runway A photograph of the athlete

Condition of throwing surface or runway

RECOMMENDATION BY INAS MEMBER ORGANISATION

The undersigned Virtus member organisation hereby certifies that it is satisfied with the accuracy of this application and recommends it for acceptance:

PRESIDENT / SECRETARY GENERAL:

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME (BLOCK CAPITALS)

Name of Virtus member

.....................................................................................................................................................................

FOR VIRTUS USE ONLY

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: Yes No

If no give reason: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Virtus Athletics Director)

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| ALL APPLICATIONS MUST BE SENT TO  THE SPORT DIRECTOR (ATHLETICS)  Rua Prof. Angélica Rodrigues, n.º 46, Sala 7  4400-555 Vila Nova de Gaia – Portugal  Tel.: +351 227 129 138/9 Fax: +351 227 129 143 Email: jose.costa.pereira@virtus.sport |