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| RECORD APPLICATION FORM  ATHLETICS – TRACK EVENT |

EVENT

Male  or Female

Record Claimed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

World  or Regional

For relay events, the full names of all team members are, in order of running

|  |  |  |
| --- | --- | --- |
|  | Full Name of Competitor | Eligibility Number |
| 1 |  |  |
| 2 |  |  |
| 3 |  |  |
| 4 |  |  |

Date of Birth       Competitor’s Country

Name of Stadium

Date of Meeting       Time of Event

Town       Country

RESULT OF RACE

The names of the first three competitors and their times were as follows:

a)

b)

c)

TIMEKEEPERS – HAND TIMING

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

|  |  |  |
| --- | --- | --- |
| TIME | NAME | SIGNATURE |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

CHIEF TIMEKEEPER

I confirm that the above Timekeepers exhibited their watches to me and that the time were as stated.

Chief Timekeeper / referee:

Signature \_\_\_\_\_\_\_\_\_\_ NAME

(BLOCK CAPITALS)

ELECTRICAL TIMING

The time recorded was       and this was the official time  Yes  No

Name of Chief Photo-Finish Judge

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

A photo-finish print must be included with this Application

WIND GAUGE

Wind speed in the direction of running       Name of Operator

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

TRACK SURVEYOR

I hereby certify that I have measured the course over which this event was held. The exact distance or length of lap was:

METRES CM’s YARD’s FEET INCHES MILES

                             

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

|  |  |  |
| --- | --- | --- |
| NAME OF SURVEYOR | QUALIFICATION | SIGNATURE |
|  |  | \_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_ |
|  |  | \_\_\_\_\_\_\_\_\_\_ |

GUARANTEE BY REFEREE

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 track A photograph of the athlete

Condition of track Intermediate times

RECOMMENDATION BY INAS MEMBER ORGANISATION

The undersigned INAS 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 organisation

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

FOR VIRTUS USE ONLY

Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Approved: Yes No If no give reason below.

If not Approved give reason why.

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

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

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.](mailto:jose.costa.pereira@virtus.)sport |