

Australian Masters Athletics Inc (AMAI)

APPLICATION FOR STATE/AUSTRALIAN RECORD VALIDATION

September 12

(Please type or use capital letters throughout)

Name	<input type="text"/>	State	<input type="text"/>
Address	<input type="text"/>	Telephone No.	<input type="text"/>
Event	<input type="text"/>	Age Group	<input type="text"/>
		Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>
Place of Competition, Nature of Meeting	<input type="text"/>		Date of Meeting
			<input type="text"/> / <input type="text"/> / <input type="text"/>

Time: Electronic If fully electronic start/finish system

Hand Times:

1st Watch	<input type="text"/>	Hand Time Claimed (middle time or majority time)
2nd Watch	<input type="text"/>	
3rd Watch	<input type="text"/>	

(N.B. Express electronic times to two decimal places in the seconds, and hand times to one decimal place in the seconds.)

I certify that the times shown above were properly recorded by competent timekeepers/phototimers.

Chief Timekeeper: Name Signature

Wind Assistance Wind Gauge Reading **LAPSCORER'S sheet must be attached for distances 3km and over**

I certify that in my estimation wind assistance did not exceed two (2) metres per second.

Wind Gauge Operator: Name Signature

Distance: **Height:**

Implement Specifications	Shot	Discus	Javelin	Hammer	Weight
Actual Weight	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I certify that the implement used by the competitor was weighted as above, and comply with WMA/IAAF/AMA specifications.

Equipment Officer: Name Signature

Race Walk Chief Judge

I certify that the athlete competed as per the IAAF definition of Race Walking and was not disqualified.

Chief Walk Judge: Name Signature

Meet Manager's Certificate

I certify that the track, circles, field markings, etc, comply with WMA/IAAF specifications, and that the meet was conducted under WMA/IAAF rules.

Meet Manager: Name Signature

Send this form direct to your State Statistician. Their names and addresses are on the back of this form.

State Statistician's Certificate

I certify that the above details are correct, and that the competition was conducted in accordance with the rules of the World Masters Athletics with whom AMAI is affiliated.

State Statistician: Name Signature

Tel
Fax