

Athletics ACT
PO Box 176 BELCONNEN ACT 2617

APPLICATION FOR A RECORD

To: The Records Officer, Athletics ACT

APPLICATION IS HEREBY MADE FOR AN ACT RECORD, IN SUPPORT OF WHICH THE FOLLOWING INFORMATION IS SUBMITTED: (Please type or use block capitals)

1. Event: _____ Location: _____

2. Class: **Men** **All Comers** **Open** **U/20** **U/18** **U/16** **U/14**

DISABILITY CLASSIFICATION: _____

3. Record claimed (performance) _____ Event Date ____/____/____

4. Full Name of competitor _____ Date of Birth ____/____/____

_____ Date of Birth ____/____/____

_____ Date of Birth ____/____/____

_____ Date of Birth ____/____/____

(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. Competitor's Country of Citizenship _____

GUARANTEE BY OFFICIAL

7. I hereby certify:-

That all the information recorded in this form is accurate.

Name of Official (BLOCK CAPITALS) _____

Signature of Referee _____ Date ____/____/____

Confirmation By Official

Weights for throwing events are correct for age group

Hurdle and Steeple Heights are correct for age group

Wind reading are correct for sprint and jump events