



PO BOX 2051 HOBART, TAS, 7001

Phone 03 6234 9551

APPLICATION FOR A RECORD - FIELD EVENT

To: The Records Officer, Athletics Tasmania APPLICATION IS HEREBY MADE FOR AN TASMANIAN RECORD, IN SUPPORT OF WHICH THE FOLLOWING INFORMATION IS SUBMITTED: (Please type or use block capitals)

1. Event						
2. Class: Men	All Comers	U/20	U/16			
Women	Tasmanian	U/19	U/15			
	Indoor	U/18	U/14			
3. Record claimed (performance)						
4. Full Name of competitor			Date of Birth//			
5. Competitor's State and Club (or Co	ountry if appropriate)					
6. Competitor's Country of Citizenshi	p					
7. Date and time/	<u> </u>	a.m. / p.m.				
8. Where held (Gound, City, Town or						
· · · · · · · · · · · · · · · · · · ·						
	GUARANTEE	BY REFEREE				
9. I hereby certify:-						
That all the information	recorded in this form is accurat	e.				
That all the appropriate I.A.A.F. and Australian Rules of competition were complied with.						
·	DCK CAPITALS)					
Signature of Referee_		Date/	_/			
	FIELD JUDGES	CERTIFICATE				
10. We hereby certify that the measu IAAF Rules.	rement stated opposite our resp	pective signatures is exa	act as measured in accordance with			
We also certify that the implement	used and circle or runaway com (BLOCK CAPITALS)	plied with IAAF specific	ations.			
Distance or Height	Name	Signature	9			
Distance or Height	Name	Signature)			
Distance or Height	Name	Signature	9			

WIND GAUGE (Long Jump and Triple Jump only)						
11. Force and direction of wind	_					
Operator's Name (BLOCK CAPITALS)		Signature				
GUARAN	TEE BY TECHN	ICAL MANAG	ER			
12. I hereby certify:- The Implement was correctly weighed The Tape used was tested on/		•	ard was			
Name of Technical Manager (BLOCK	(CAPITALS)					
Address Signature		<u> </u>				
ADDITIONAL INFORMA	TION DESIRED	FOR HISTOR	ICAL PURPOSES:			
State of Weather	Condit	ion of track or runwa	ау			
Type of track or runway						
RE	SULT OF COM	PETITION				
13. The names of the first three competitors and the		s follows:-				
1st						
2nd						
3rd						
SURVEYORS' OR MEA	SURERS' CERT		R FIELD EVENTS			
14. I hereby certify that the lateral inclination of the We also certify that the ground where the imple Long Jump or Triple Jump landing area was not	runway did not exceed 1 ment landed was not lov	:100 and in the runn ver than the runway	ing direction 1:100.			
(Name BLOCK CAPITALS) (Qualif	ication) (S	ignature)				
REPORT - RECORDS OFFICER						
15. I have investigated the performances claimed, a	and recommend that the	record be granted/n	ot granted			
Signature of Records Officer			Date//			
* * * * * *	* * *	* * *	* * * *			
MANDATORY SUPPORTING DOCUMEN A programme of the meeting Copy of All Results Wind Readings (if applicable)	ITS TO ACCOMPA	NY THIS RECO	RD APPLICATION:			