



Application for MID SOUTH SUB CENTRE Record TRACK EVENT

THIS FORM MUST REACH SUB CENTRE SECRETARY WITHIN 21 DAYS OF THE PERFORMANCE

| | | | | | |
|----|-------|-------|-------|-------|-------|
| SM | M-U20 | M-U19 | M-U18 | M-U17 | M-U16 |
| SW | W-U20 | W-U19 | W-U18 | W-U17 | W-U16 |

If Para Athlete, state Para Athlete Classification: _____

Name: _____ *DOB:* _____

Club: _____ *Paid-up Registered athlete:* _____

Event: _____ *Performance:* _____ *Competition Date:* _____

Venue: _____ *Previous record:* _____

CHECK LIST:

| | Yes / No |
|--|----------|
| <i>Copy of Interclub programme:</i> | Yes |
| <i>Signed Zero Gun Test:</i> | Yes |
| <i>Signed Photo finish photo:</i> | Yes |
| <i>Wind Reading below 2m/s (if required)</i> | Yes |
| <i>Performance checked by Track Referee:</i> | Yes |
| <i>Athlete's shoes checked:</i> | Yes |
| <i>Copy of results:</i> | Yes |

All information complied & checked by Meeting Administrator:

Date: _____ *Signed:* _____

| | | | |
|----------------------|----------------|-----------------|-----------------|
| OFFICIAL USE: | Date received: | Date Confirmed: | Record Updated: |
|----------------------|----------------|-----------------|-----------------|

Comments: