



## Application for MID SOUTH SUB CENTRE Record FIELD EVENT

THIS FORM MUST REACH SUB CENTRE SECRETARY WITHIN 21 DAYS OF THE PERFORMANCE  
OR WITHIN 60 DAYS IF THE PERFORMANCE WAS ACHIEVED OUTSIDE OF NEW ZEALAND

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:	<input checked="" type="checkbox"/>	DOB:	<input checked="" type="checkbox"/>
Club:	<input checked="" type="checkbox"/>	Paid-up Registered athlete:	<input checked="" type="checkbox"/>
Event:	<input checked="" type="checkbox"/>	Performance:	<input checked="" type="checkbox"/>
Venue:	<input checked="" type="checkbox"/>	Previous record:	<input checked="" type="checkbox"/>

**CHECK LIST:**

	Yes / No
Copy of Interclub programme:	
*Signed copy of Field Sheet	<input checked="" type="checkbox"/>
*EDM checked / Steel tape used	<input checked="" type="checkbox"/>
*Post event implement check	<input checked="" type="checkbox"/>
*Performance checked by Field Referee:	<input checked="" type="checkbox"/>
Athlete's shoes checked:	<input checked="" type="checkbox"/>
Copy of results:	

\* NOTE: This information has been recorded on the **FIELD SHEET**.

All information complied & checked by Meeting Administrator:

Date:  Signed:

Recommendations: