

Australian Masters Athletics Inc (AMAI)

APPLICATION FOR STATE/AUSTRALIAN RECORD VALIDATION

November 06

(Please type or use capital letters throughout)

Name	<input type="text"/>	State	<input type="text"/>
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Address	<input type="text"/>	Telephone No.	<input type="text"/>
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Event	<input type="text"/>	Age Group	<input type="text"/>	Date of birth	<input type="text"/>
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Place of Competition, Nature of Meeting	<input type="text"/>	Date of Meeting	<input type="text"/>
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Time: Electronic If fully electronic start/finish system

Hand Times:	<input type="text"/>	Hand Time Claimed (middle time or majority time)	<input type="text"/>
1st Watch	<input type="text"/>		
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	<input type="text"/>	Signature	<input type="text"/>
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Wind Assistance	<input type="text"/>	LAPSCORER'S sheet must be attached for distances 3km and over
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Wind Gauge Reading

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

Wind Gauge Operator:	<input type="text"/>	<input type="text"/>	
Name:	<input type="text"/>	Signature:	<input type="text"/>

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	<input type="text"/>	Signature	<input type="text"/>
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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	<input type="text"/>	Signature	<input type="text"/>
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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	<input type="text"/>	Signature	<input type="text"/>
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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	<input type="text"/>	Signature	<input type="text"/>	Tel	<input type="text"/>
				Fax	<input type="text"/>