

## **Australian Masters Athletics Inc**

## APPLICATION FOR STATE/AUSTRALIAN RECORD VALIDATION February 2020

## Relays

(Please type or use capital letters throughout)

Event				Age Group	Date of Birth		
Place of Competition, Nature of Meet					Date of Meet / /		
RELAY TEAM: listed in running order							
Runner	Name of Ru	nner		Age on day of record	Date of Birth		
1					/ /		
2					/ /		
3					/ /		
4					/ /		
<b>TIMES:</b> Express electronic times to two decimal places in the seconds, and hand times to one decimal place in the seconds.							
Time	Electronic						
Hand times			If applicable				
TECHNICAL DELEGATE'S CERTIFICATION							
I certify that the equipment used complies with WMA/IAAF specifications, that there were sufficient officials engaged at the baton change over points on the track.							
Technical Delegate's Name:			Signature:				
MEET MANAGER'S CERTIFICATION							
I certify that the track comply with WMA/IAAF specifications, change-over officials were present and that the meet was conducted under WMA/IAAF rules.							
Meet Manager's Name:			Signature:				
TO BE SIGNED BY RECORDS OFFICER ONCE RECORD IS VERIFIED							

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's Name:	Signature:	Date:
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