**Australian Masters Athletics Inc**

**APPLICATION FOR STATE/AUSTRALIAN RECORD VALIDATION December 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 Runner** | **Age on day of record** | **Date of Birth** |
| **1** |  |  |  **/ /**  |
| **2** |  |  |  **/ /**  |
| **3** |  |  |  **/ /**  |
| **4** |  |  |  **/ /**  |

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| --- |
| **TIMES:** *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* |  |  |  |
| **Chief Timekeeper Name:** |  **Signature**: |  |

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| **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**: |

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| **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**: |

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| **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**: |