

**Canadian Masters Athletics
Application for Combined Event Record**

Send form to: CMA Combined Events Chair
Do not use this form for an individual record

INDOOR/OUTDOOR _____ Type of Event _____ Male/Female _____
Age Group _____

ATHLETE:

NAME in full: _____

ADDRESS: _____

NATIONALITY/RESIDENCE STATUS _____ AC/CMA# _____

DATE OF BIRTH: Day _____ Month _____ Year _____ Age _____

E-MAIL: _____

MEET NAME: _____

LOCATION: City _____ Country _____

DATE OF RECORD: _____

MULTI-EVENT DESCRIPTION

How many events? _____ Total Points _____

Name each event, the distance or time, wind gauge and points. Provide a copy of the actual results and program.

	m/s				m/s		
1.				6.			
2.				7.			
3.				8.			
4.				9.			
5.				10.			

FIELD REFEREE'S CERTIFICATION

Name: _____ Signature _____

TRACK REFEREE'S CERTIFICATION

Name: _____ Signature _____

EQUIPMENT VERIFICATION

I hereby certify the implement(s) used in the record were examined by me before and after the performance and conform to the relevant IAAF rules as modified by WMA bylaws. I certify that the implements used weigh:

Shot _____ Discus _____ Javelin _____

Name: _____ Signature _____

MEET DIRECTOR'S STATEMENT: I hereby certify that the officiating for this event was done by qualified competent officials and that all information stated is correct to the best of my knowledge. I also certify that any circle, runway and sector used complies with IAAF/WMA specifications.

Meet Director's Name: _____ Signature _____

Phone: _____ E-mail _____

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REV. 04/2022 Reference # _____ Date Processed: _____ Signed: _____