



**CANADIAN MASTERS
ATHLETICS**
**VÉTÉRANS CANADIENS
EN ATHLÉTISME**

Application for Throwing Record

Submit application to CMA Throwing Records, c/o Lucille Green
lucillegreen@rogers.com.

Application must be accompanied by field sheet(s)
and athlete's proof of age if not already provided to CMA.

| ATHLETE | | | | |
|--|------------------|----------------|-------------------|-----------|
| Gender | M / F | Age Group | CMA Membership No | |
| Full Name | | | | |
| Address | | | | |
| Nationality/Residence Status | | | Email | |
| Date of Birth | Day | Month | Year | Age |
| MEET | | | | |
| Season | Indoor / Outdoor | | Event | |
| Meet Title | | | | |
| Location | City | Country | Date | |
| EQUIPMENT VERIFICATION: I hereby certify that the implement(s) used in the record claimed has (have) been examined by me after performance and conform(s) to the relevant rules as modified by WMA bylaws. I certify that the implement(s) used weigh(s): | | | | |
| Hammer | Shot | Discus | Javelin | Weight |
| Name | | | Signature | |
| Email | | | | |
| FIELD JUDGES' CERTIFICATIONS: We hereby certify that the measurements recorded are exactly in accordance with IAAF rules and that the circle or runway complies with IAAF specifications. | | | | |
| | Distance | Points | Name | Signature |
| Hammer | | | 1. | |
| Shot | | | 2. | |
| Discus | | | 3. | |
| Javelin | | | | |
| Weight | | | | |
| | Total | | | |
| 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 recommend ratification of the record being applied for. | | | | |
| Name | | | Signature | |
| Address | | | | |
| Phone | | | Email | |
| Office Use | Reference No | Date Processed | Signature | |