

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

Send form to: Peter Zowkewych at zowkewych@sympatico.ca

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. 05/2023 Reference # _____ Date Processed: _____ Signed: _____