



Australian Masters Athletics Inc

APPLICATION FOR STATE/AUSTRALIAN RECORD VALIDATION May 2021

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: <i>listed in running order</i>			
Runner	Name of Runner	Age on day of record	Date of Birth
1			/ /
2			/ /
3			/ /
4			/ /

TIMES: *Express electronic times to two decimal places in the seconds, and hand times to one decimal place in the seconds.*

Time	Electronic		Signature:
Hand times, <i>If applicable</i>			
Chief Timekeeper Name:			

TECHNICAL DELEGATE'S CERTIFICATION

I certify that the equipment used complies with WMA/World Athletics 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 complies with WMA/World Athletics specifications, change-over officials were present and that the meet was conducted under WMA/World Athletics 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 AMA is affiliated.

State Statistician's Name:

Signature:

Date:

*Once you have all the signatures required, send to your State Statistician with any additional paperwork.
See your state website for the email/postal address.*