



TRACK AND FIELD / ROAD RUNNING CROSS COUNTRY

214-200 MAIN ST. WINNIPEG, MB R3C 4M2 TEL: 204-925-5743 FAX: 204-925-5792 EMAIL: athleticsmb@shaw.ca www.athleticsmanitoba.com

Athletics Manitoba Ranking Form

Please send to: **Athletics Manitoba**
214-200 Main Street
Winnipeg, MB R3C 4M2
Email: athleticsmb@shaw.ca

Tel: 204-925-5745
Fax: 204-925-5792
www.athleticsmanitoba.com

Name: _____ Gender: _____

Date of Birth (dd/mm/yy): _____ Club: _____

Athletics Manitoba #: _____ Coach: _____

Address: _____ Tel: _____

City, Prov, PC: _____ Email: _____

Event: _____ Indoor/Outdoor: _____

Performance: _____ Weight/Wind: _____

Competition: _____ Venue: _____

City, Country: _____ Date: _____

Website where results are posted: _____

Please send in ranking updates using this form, we will not accept performances over the telephone. If the performance is an Athletics Manitoba record, please fill out the Athletics Manitoba Record Application for INSTEAD.

Thank you



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Manitoba Indoor/Outdoor Record Application

Send To: Athletics Manitoba
214-200 Main St. Tel: 204-925-5745
Winnipeg, MB R3C 4M2 Fax: 204-925-5792
Email: athleticsmb@shaw.ca

APPLICATION IS HEREBY MADE FOR A PROVINCIAL RECORD, IN SUPPORT OF WHICH THE FOLLOWING INFORMATION IS SUBMITTED: **(Please type or use block capitals)**

Athlete Information:

Name: _____ Club: _____
Address: _____ Date of Birth: (dd/mm/yy) _____
City, Prov, PC: _____ Athletics Manitoba #: _____
Gender: _____

Event Information:

Name of Competition: _____
Date(s) of Competition: _____ Venue: _____
City / Country: _____ Website/Results posted: _____

Record Information:

Event: _____ Age Group: _____ Indoor/Outdoor: _____
Performance: _____ Weight of Implement: _____ *Wind: _____
Athlete Names if Relay (in order):

*Wind information is required for all outdoor sprinting events 200m and shorter, and for Long Jump and Triple Jump.

RESULTS OF COMPETITION

Submit a copy of the official results with the application.

**Declaration by the Meet Director or Head Referee

I hereby certify that all the information recorded on this form is accurate, that the officials conducting the Meeting were duly qualified and that the appropriate Athletics Canada and I.A.A.F. Rules of Competition were complied with.

(Name) (Signature) (Date)

**If you are unable to collect this signature, we will contact you for follow up after receiving the application.

THE FOLLOWING MUST BE ENCLOSED WITH THIS APPLICATION:

A copy of the Results or link to official website where results are posted.

ADDITIONAL INFORMATION DESIRED FOR HISTORICAL PURPOSES: (OPTIONAL)

Weather Conditions
Press Cuttings, if available, photograph of the athlete
Type/Condition of throwing surface, runway, or track