



TRACK AND FIELD / ROAD RUNNING CROSS COUNTRY

416-145 PACIFIC AVE. WINNIPEG, MB R3B 2Z6 TEL: 204-925-5743 FAX: 204-925-5792 EMAIL: athleticsmb@shaw.ca www.athleticsmanitoba.com

Manitoba Indoor/Outdoor Record Application

Send To: Athletics Manitoba
416-145 Pacific Ave
Winnipeg, MB R3B 2Z6
Email: athleticsmb@shaw.ca
Tel: 204-925-5745
Fax: 204-925-5792

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