

TRACK AND FIELD / ROAD RUNNING CROSS COUNTRY

145 PACIFIC AVE. WINNIPEG, MB R3B 2Z6 TEL: 204-925-5745 FAX: 204-925-5792 www.athleticsmanitoba.com

Manitoba Indoor/Outdoor Record Application

Send To: Athletics Manitoba

Athlete Information:

145 Pacific Ave Winnipeg, MB R3B 2Z6 Email: robguy@mts.net 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)

Name:	Club:	
Address:		
	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:		
Athlete Names if Relay (in order):		
*Wind information is required for all outdoor sprinting events 2	200m and shorter, and for Long Jump ar	nd Triple Jump.
**Declaration by the Meet Director or Head Referee I hereby certify that all the information recorded on this form is appropriate Athletics Canada and I.A.A.F. Rules of Competition	•	the Meeting were duly qualified and that the
(Name) (Signature) **If you are unable to collect this signature, we will contact you	(Date) u for follow up after receiving the applica	ation.

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 ava

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