

Application for recognition of World Deaf Record – Track and Road Event (Running): Application is hereby made for a World Deaf Record; in support of which the following information is submitted (please print)

GENERAL INFORMATION										
Event					F Junior	F Men F Women				
Date of Meeting (Day/Month/Year) Time of Ev		vent (AM/PM)		Performance Record Claimed:						
Name of Meeting Name of S			Stadium		City and Country					
Competitor - Full Name(If relay events, names in order running)			Birth Date (Day/Month/Year)		Competitor - Country					
Competitor - Full Name			Birth Date (Day/Month/Year)		Competitor - Country					
Competitor - Full Name			Birth Date (Day/Month/Year)		Competitor - Country	,				
Competitor - Full Name			Birth Date (Day/Month/Year)		Competitor - Country					
STARTER										
I certify that the start of the race was in accordance with IAAF Rules.										
Name of Starter				Signatur	е					
ELECTRICAL TIMING										
A fully automatic elect	trical timing device was	s used.								
Time Recorded: Name of Chief Photo-Finish Judge					Signature					
TIMEKEEPERS - HAND TIMING (for track events which allows hand timed events, please see IAAF Rule 261 & 262)										
I, the undersigned official timekeeper of the event mentioned on this form, do hereby certify that the time set opposite my signature was exact the time recorded by my watch and that the watch used by me has been certified and approved by my National Association.										
Time:	Name			Signature						
Time:	Name			Signature						
	Name				Signature					
Time:										
CHIEF TIMEKEEPER										
I confirm that the above Timekeepers exhibited their watches to me and that the times were as stated.										
Name of Chief Timek	eeper or Referee	Signatur	Signature							
WIND GAUGE (Track Events Only)										
Wind speed in the director of running:m/s				Signatur	ure					
SURVEYOR (Track Events Only)										
I hereby certify that I have measured the course over which this event was held. The maximum allowance for inclination did not exceed 1:100 laterally and 1:1000 in the running direction.										
Exact Distance:			Length of		of one lap:					
Name of Surveyor			Qualification	Signatur	е					



COURSE MEASURER (Road Events Only)									
I hereby certify that I have measured the course over which this event was held. The start and finish points of the course, measured along a straight line between them, shall not be further apart than 50% of the race distance. The decrease in elevation between the start and finish shall not exceed 1 meter per kilometer (1m per km).									
		scms							
Name of Measurer	Qualification		Signature						
GUARANTEE BY 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 IAAF Rules of Competition were complied with.									
Name of Referee	Date (Day/Month/Year)		Signature						
RECOMMENDATION BY NATIONAL DEAF SPORTS FEDERATION									
The undersigned Member hereby certifies that it is satisfied with the accuracy of this application and recommends it for acceptance.									
President (signature)		Secretary General (signature)							
Name of National Deaf Sports Federation		Date (Day/Month/Year)							
DOCUMENTS CHECKLIST									
All these documents below must be enclosed with this a	pplication.	Send all original documents to:							
${f F}$ The printed programme of the meeting		International Committee of Sports for the Deaf (ICSE Maison du Sport International		Doof (ICSD)					
$\ensuremath{\mathbf{F}}$ The complete results of the event concerned				e Dear (103D)					
${f F}$ The official results of the meeting			venue de Rhodanie						
F The copy of the Results Card		CH-1007, Lausanne Switzerland							
F The Photo Finish photograph if fully automatic electric device was in operation (if possible) (Track Events Only)	cal timing								
FOR INTERNATIONAL COMMITTEE OF SPORTS FOR THE DEAF OFFICIAL USE ONLY									
Technical Director	Signature			Date (Day/Month/Year)					
Chief Executive Director Signatur				Date (Day/Month/Year)					
State reasons if not approved:									