



**International Sports Federation for Persons
with an Intellectual Disability**

**WORLD RECORD APPLICATION FORM
ATHLETICS – TRACK EVENT**

EVENT _____

Male or Female

Record Claimed _____

For relay events, the full names of all team members are, in order of running

Full Name of Competitor _____

Date of Birth _____ Competitor's Country _____

Name of Stadium _____

Date of Meeting _____ Time of Event _____

Town _____ Country _____

RESULT OF RACE

The names of the first three competitors and their times were as follows:

a) _____

b) _____

c) _____

TIMEKEEPERS – HAND TIMING

I, the undersigned official timekeeper of the event mentioned on this form, do hereby certify that the time set opposite my signature was the exact time recorded by my watch used by me has been certified and approved by my National Association.

TIME	NAME	SIGNATURE
_____	_____	_____
_____	_____	_____
_____	_____	_____

CHIEF TIMEKEEPER

I confirm that the above Timekeepers exhibited their watches to me and that the time were as stated.

Chief Timekeeper / referee:

SIGNATURE

NAME (BLOCK CAPITALS)

ELECTRICAL TIMING

The time recorded was _____ and this was the official time Yes No

Name of Chief Photo-Finish Judge _____

Signature _____
A photo-finish print must be included with this Application

WIND GAUGE

Wind speed in the direction of running _____ Name of Operator _____

Signature _____

TRACK SURVEYOR

I hereby certify that I have measured the course over which this event was held. The exact distance or length of lap was:

METRES	CMS	YARD'S	FEET	INCHES	MILES
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

The maximum allowance for inclination did not exceed 1:100 laterally and 1:1000 in the running direction:

NAME OF SURVEYOR	QUALIFICATION	SIGNATURE
_____	_____	_____
_____	_____	_____

GUARANTEE BY REFEREE

Name of Referee _____ Date _____

Signature _____

THE FOLLOWING MUST BE ENCLOSED WITH THIS APPLICATION

A programme of the meeting and a copy of the Results Card.

ADDITIONAL INFORMATION DESIRED FOR HISTORICAL PURPOSES

Weather conditions	Press cuttings, if available
Type of track	A photograph of the athlete
Condition of track	Intermediate times

RECOMMENDATION BY INAS-FMH MEMBER COUNTRY

The undersigned INAS-FID member hereby certifies that it is satisfied with the accuracy of this application and recommends it for acceptance:

PRESIDENT / SECRETARY GENERAL:

SIGNATURE NAME (BLOCK CAPITALS)

Name of INAS-FID member _____

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FOR INAS-FID USE ONLY

Date Received: _____ Approved: Yes No If no give reason below.

If not Approved give reason why.

Signature: _____
(INAS-FID ATHLETICS DIRECTOR)

ALL APPLICATIONS MUST BE SENT TO
THE TECHNICAL SECRETARIAT OF INAS-FID

Rua Prof. Angélica Rodrigues, n.º 46, Sala 7
4400-555 Vila Nova de Gaia – Portugal
Tel.: +351 227 129 138/9 Fax: +351 227 129 143