

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

GENERAL INFORMATION										
Event			☐ Junior	☐ Men ☐ 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			Signature							
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	Signature					
Time:	Name			Signature						
Time:	Name			Signature						
CHIEF TIMEKEEPER										
I confirm that the above Timekeepers exhibited their watches to me and that the times were as stated.										
Name of Chief Timekeeper or Referee					Signature					
WIND GAUGE (Tra	ack Events Only)									
Wind speed in the director of running:m/s				Signature	Signature					
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 one lap:						
Name of Surveyor		Qualification	Signature							





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).										
The count distance was										
The exact distance was: meters  Name of Measurer Qualification			on Signature							
Name of Measurer Qualific		וונ	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/N	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		1								
All these documents below must be enclosed with this application.			Send all original documents to:							
The printed programme of the meeting				ICSD Secr						
The complete results of the event concerned				Frederick, Maryland 21701						
The official results of the meeting		FAX: +1	FAX: +1 301 620 2990		USA					
The copy of the Results Card										
☐ The Photo Finish photograph if fully automatic electrical timing device was in operation (if possible) (Track Events Only)										
FOR INTERNATIONAL COMMITTEE OF SPORTS FOR THE DEAF OFFICIAL USE ONLY										
Technical Director	Signature				Date (Day/Month/Year)					
Executive Director	Signature				Date (Day/Month/Year)					
State reasons if not approved:										

Revised: March 2007