

Application for recognition of World Deaf Record – Field Event (Jumping/Throwing): Application is hereby made for a World Deaf Record, in support of which the following information is submitted (please print)

GENERAL INFORMATION							
Field Event			F Junior	F Men F Women			
Date of Meeting (Day/Month/Year)		Time of Event (AM/PM)				Performance Record Claimed:	meters
Name of Meeting		Name of Stadium				City and Country	
Competitor - Full Name		1	Birth Date (Day/Month/Year)		'ear)	Competitor - Country	
FIELD JUDGE							
We hereby certify that the measurement stated opposite our respective signature is exact as measured in accordance with IAAF Rules.							
Distance or Height:m	ield Judge	eld Judge Sign					
SURVEYOR							
I hereby certify that the facilities used were in conformity with IAAF Rules.							
Name of Surveyor		Qualification Signature					
WIND GAUGE (Long Jump and Triple Jump Only)							
Wind speed in the director of running:m/s		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/Mo		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	plication.	Send all original documents to:					
${f F}$ The printed programme of the r		International Committee of Sport			Deaf (ICSD)		
F The complete results of the event concerned			Maison du Sport II			nternational	
F The copy of the Results Card			54, Avenue de Rho				
F The official results of the meeting CH-1007, Lausanne, Switzerland							
FOR INTERNATIONAL COMMITTEE OF SPORTS FOR THE DEAF OFFICIAL USE ONLY							
Technical Director	IIIEE OF	SPURIS	Signature	DEAF OFF	-ICIAL US	E UNLT	Date (Day/Month/Year)
recimical director							Date (Day/Month/Year)
Chief Executive Director			Signature				Date (Day/Month/Year)
State reasons if not approved:							