



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 IAADS MEMBER COUNTRY**

The undersigned IAADS 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 IAADS member \_\_\_\_\_

.....  
**FOR IAADS USE ONLY**

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

If not Approved give reason why.

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_  
(IAADS ATHLETICS DIRECTOR)

**ALL APPLICATIONS MUST BE SENT TO  
THE TECHNICAL DIRECTOR OF IAADS**

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