

ONTARIO MASTERS ATHLETICS

Application for ONTARIO Relay Record

(NB: you must be a legal Ontario resident for an ONTARIO record)

Send to: Ken Hamilton, 1133 Falkenburg Rd., Bracebridge, ON P1L 1X4

Meet and Location:

_____ Date _____

Meet sanctioning organization (AO, CMA etc): _____

Event : 4x _____ Spr.Medley _____ Dist.Medley _____ Indoor _____ Outdoor _____ Male _____ Female _____

Official Time: _____ Age Group (youngest runner): _____

Enter (PRINT) each athlete in running order and fill in all the required information:

	ATHLETE'S NAME	AGE	DATE OF BIRTH (mm/dd/yy)	ATHLETICS CANADA #	CITY or TOWN & PROV of RESIDENCE
1					
2					
3					
4					

All members of the same Ontario registered club? Yes _____ No _____

If yes, name of club _____

Meet Director's Statement:

I hereby certify that the officiating for this event was done by qualified, competent officials and that all information stated is correct to the best of my knowledge. I recommend ratification of this record.

Meet director's name: _____ Phone/email: _____

Signature: _____ Date: _____