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

GENERAL INFORMATION				
Field Event			☐ Junior	☐ Men ☐ 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		Birth Date (Day/Month/Year)	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	Name of Field Judge	Signature

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	Name of Operator	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/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	
All these documents below must be enclosed with this application. ☐ The printed programme of the meeting ☐ The complete results of the event concerned ☐ The copy of the Results Card ☐ The official results of the meeting	Send all original documents to: FAX: +1 301 620 2990 **ICSD Secretariat 528 Trail Avenue Frederick, Maryland 21701 USA**

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:		