



SVENSK FRIIDROTT

Application for Swedish National Record

General Information	Meeting
Event: _____	Date: _____
<input type="checkbox"/> Outdoors <input type="checkbox"/> Indoors	Site: _____
<input type="checkbox"/> Men <input type="checkbox"/> Women	Venue: _____
<input type="checkbox"/> Junior Men (U20) <input type="checkbox"/> Junior Women(U20)	Name of Meet: _____
Performance * _____	Organizer: _____
Wind: _____ mps	

Competitor/Athlete		
Name:	_____	
Date of Birth:	_____	
Club:	_____	
Relay team		
	Name	Born
1.		
2.		
3.		
4.		

Supplementary Information
Times recorded by manual timekeepers _____
Weight of implement after event _____ grams.
Length of hammer implement _____ cm.
Field event performance measured: <input type="checkbox"/> by certified steel tape <input type="checkbox"/> by EDM (electronically)
Measurement** the date _____ by IAAF approved course measurer _____
**Road races only

Combined Events		
Event	Performance*	Wind

Doping Control
The competitor/s supplied urine sample according to the IAAF doping regulations <input type="checkbox"/> at the competition <input type="checkbox"/> at the day after competition
The sample has been forwarded for analysis at the accredited laboratory in _____

We hereby certify that all information given above is correct and that the competition at the meet also in all other aspects (arena, equipment, implements, race course etc) was in full accordance with the IAAF rules.

Competition director _____ Referee for the Event _____

Signature _____ Signature _____

* To be enclosed:
 Copies of the original scorecard for the event (in combined events for all the single events).
 Print of photo-finish for running events (in combined events for all the single running events).

Send to: Svenska Friidrottsförbundet, att: rekord, Heliosgatan 3, SE-120 30 STOCKHOLM