

BRITISH COLUMBIA MASTERS ATHLETICS (June, 2019)
APPLICATION FOR ROAD RACE & ROAD RACE WALK RECORD

EVENT: _____ DATE OF EVENT _____

MEN/WOMEN _____ AGE GROUP _____

ATHLETE:

FULL NAME OF COMPETITOR: _____

ADDRESS: _____

NATIONALITY: _____

DATE OF BIRTH: Day _____ Month _____ Year _____ AGE: _____

BC ATHLETICS Membership number: _____

RACE INFORMATION:

NAME OF RACE: _____

LOCATION: City _____ Country _____

DISTANCE OF SINGLE LOOP: _____ Number of loops _____

COURSE CERTIFICATION NUMBER: _____

RACE SANCTIONED BY: _____

RESULT: BIB # _____

GUN TIME: _____ Hour _____ Minutes _____ Seconds

OVERALL POSITION: _____ AGE GROUP POSITION: _____

TIMING DEVICE USED: _____

NAME OF HEAD TIMER: _____

NAMES OF THE RACE WALKING OFFICIALS:

#1 _____ #2 _____

#3 _____ #4 _____

#5 _____

RACE DIRECTOR'S STATEMENT:

I hereby certify that all the information recorded in this form is accurate, and that all the appropriate road racing/walking rules were complied with.

NAME OF OFFICIAL: _____ Signature _____

Send form to: BC Athletics "Masters Record"
Fortius Athlete Develop. Centre
Suite 2001 B Oslo Landing
3713 Kensington Ave
Burnaby, BC V5B 0A7

or

Jake Madderom
4544 McKee Street
Burnaby, BC V5J 2S8
jake_madderom@telus.net