



Canadian Masters Athletic Association Application for Throwing Records



Send Form to:
CMAA Throwing Records
c/o Rudy Boghina
29 Craiglee Dr., Toronto,
Ontario, M1N 2L9

INDOOR/OUTDOOR _____
ATHLETE: Male/Female: _____ Age Group: _____
 NAME in full: _____
 ADDRESS: _____
 NATIONALITY/RESIDENCE STATUS _____ CMAA Membership# _____
 DATE OF BIRTH: Day _____ Month _____ Year _____ Age _____
 EMAIL: _____
MEET
 TITLE: _____
 LOCATION: City _____ Country _____
 EVENT: _____ DATE: _____

EQUIPMENT VERIFICATION
 I hereby certify that the implement(s) used in the record claimed has been examined by me after performance and conforms to the relevant rules as modified by WMA bylaws. I certify that the implement used weighs:
 Hammer: _____ Shot: _____ Discus: _____ Javelin: _____ Weight: _____
 Name: _____ Signature: _____
 Email: _____

FIELD JUDGES CERTIFICATIONS
 We hereby certify that the measurements recorded are exactly in accordance with IAAF rules and that the circle or runway complies with IAAF specifications.

	Distance	Points
Hammer		
Shot		
Discus		
Javelin		
Weight		
TOTAL:		

Field Judges	Signature
1.	
2.	
3.	

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 the record being applied for.
 Meet Director's Name: _____ Signature _____
 Address: _____
 Phone: _____ Email: _____

Office Use: Reference #	Date Processed:	Signed:
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