

**Field Event (Jumping / Throwing)**

Application for recognition of Deaf European Record – Field Event (Jumping/Throwing): Application is hereby made for a EDSO Record, in support of which the following information is submitted. *(please print)* If World Record, please **use ICSD record form**.

GENERAL INFORMATION		
Field Event	<input type="checkbox"/> Indoor <input type="checkbox"/> Outdoor	<input type="checkbox"/> Junior <input type="checkbox"/> Men <input type="checkbox"/> 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 direction 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. <input type="checkbox"/> The printed programme of the meeting <input type="checkbox"/> The complete results of the event concerned <input type="checkbox"/> The copy of the Results Card <input type="checkbox"/> The official results of the meeting	Send all original documents to: European Deaf Sport Organization Ota Pansky Fischerova 21 779 00 Olomouc Czech Republic EMAIL: opansky@centrum.cz FAX: +420 585 432 864	

FOR EUROPEAN DEAF SPORT ORGANIZATION OFFICIAL USE ONLY		
EDSO Official	Signature	Date (Day/Month/Year)
State reasons if not approved:		