

## Application for an Athletics Auckland Junior Championship and/or Resident Relay Record

This form must reach Athletics Auckland within **30 days** of the Performance.

Please email this form to office@athleticsauckland.co.nz

| 1. | D      | A    | I:     | !:      | £    |
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|                     | <b>Tick below</b> the record type or types that you are applying for |
|---------------------|--|
| Championship Record |  |
| Resident Record     |  |

| 2.      | Full Names of the Athletes in the team (in the running order for the event): |  |  |  |  |
|---------|--|--|--|--|--|
|         | a  |  |  |  |  |
|         | b  |  |  |  |  |
|         | c  |  |  |  |  |
|         | d  |  |  |  |  |
|         | e  |  |  |  |  |
| 3.      | Age Grade:   |  |  |  |  |
| 4.      | Club:  |  |  |  |  |
| 5.      | Name of Competition:   |  |  |  |  |
| 6.      | Venue:   |  |  |  |  |
| 7.      | Event:   |  |  |  |  |
| 8.      | Performance:   |  |  |  |  |
| 9.      | Wind Reading for events up to 200m and Long Jump: +/- M/s                    |  |  |  |  |
|         | For Athletics Auckland Junior Records Committee Purposes only                |  |  |  |  |
| Date tl | ate the application was received by Athletics Auckland:                      |  |  |  |  |