Suid Afrikaanse Meesters atletiek

South African Masters athletics

RECORD APPLICATION FORM / REKORD AANSOEK VORM

Full Name / Volle Naam _____

Date of Birth / Geboortedatum _____ Age Group / Ouderdomsgroep_____ M ☐ F ☐

Province / Provinsie _____ ASA License number _____

Event / Item _____ Time /Distance /Height /Points _____

Date / Datum _____ Venue / Plek _____

Wind Gauge Reading (where applicable) / Windmeterlesing (Waar van Toepassing) _____

Apparaat ge-eik/Apparatus Assized _____ (Heg besonderhede aan / Attach particulars)

Referee (Field, Track or Road event) / Skeidsregter (Veld, Baan of Pad item):

_____	_____	_____
Name in print / Drukskrif	Signature /Handtekening	ASA Number

Chairperson/secretary of applicant's Masters Committee (attests that applicant is a paid up member). Voorsitter/ sekretaris van aansoeker se Meesters Komitee (getuig dat aansoeker 'n opbetaalde lid is):

_____	_____
Name in print / Drukskrif	Signature /Handtekening

Forward this form to Thomas Endrody or e-mail scan to: tendrody@mweb.co.za

FOR OFFICIAL USE ONLY

Date form received_____ Betters previous record_____

Verified against official results_____ Electronic timing_____

Statistician comment_____

Ratified_____