



# ONTARIO RECORD

## VERIFICATION OF PERFORMANCE

### HAND TIMED RACES OF 400m AND UNDER

Event: \_\_\_\_\_ Time: \_\_\_\_\_

Full Name of Competitor: \_\_\_\_\_

#### Competition Information:

Location: \_\_\_\_\_ Date: \_\_\_\_\_ Indoor   
Outdoor

#### Meet Director's Statement:

I certify that the performance indicated below was achieved at the date and place stated.

Name (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Head Timer's Statement:

I certify that the following hand times were recorded as having being achieved by the athlete on the date and at the time indicated below.

*(A minimum of two hand times are required.)*

Timer #1 Name: \_\_\_\_\_ Time: \_\_\_\_\_

Timer #2 Name: \_\_\_\_\_ Time: \_\_\_\_\_

Timer #3 Name: \_\_\_\_\_ Time: \_\_\_\_\_

Name (Please Print) \_\_\_\_\_

Date \_\_\_\_\_ Signature \_\_\_\_\_