



ONTARIO RECORD

VERIFICATION OF PERFORMANCE THROWING EVENTS

Event: _____ Distance: _____ metres
(if official measurement in other than metric, please provide it) _____

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 _____

Chief Judge's Statement:

I certify that the distance indicated below was precisely measured during the competition in accordance with IAAF rules as pertains to records:

Name (Please Print) _____

Date _____ Signature _____

Technical Manager's Statement:

I certify that the implements used during the competition were measured for both mass and dimension and complied with IAAF rules. (OTFA rules for age group competitions)

Nominal Implement Weight: _____

Name (Please Print) _____

Date _____ Signature _____

Please return this form to:

Roman Olszewski, Technical Coordinator, 45 Wellandvale Dr., Welland, Ont. Canada L3C 7C4