

OSSAA HIGH SCHOOL TRACK & FIELD STATE RECORD APPLICATION

NOTE: Please type or print requested information and secure all necessary signatures on this form.

Date of Application: _____ 20____

(Event) _____ The performance was in the: _____

(name of meet) _____

Sanctioned by _____ State High School Association and (if interstate) by National Federation.

Held at: (place) _____ on: (date) _____

Full name of competitor for whom record is claimed (Give full names of all members of relay team):

_____ Age in: Yrs. _____ Mo.

_____ Age in: Yrs. _____ Mo.

_____ Age in: Yrs. _____ Mo.

_____ Age in: Yrs. _____ Mo.

This competitor(s) is an eligible member of the _____ High School

of (place) _____, said high school being a qualified member of the _____

State High School Association under whose rules the school competed. The claimed record was: (time, height or distance)

_____ Was the record established in competition limited exclusively to high

school contestants? _____ How many schools were represented in the meet? _____ If a track event was the

timing _____ manual (5 watches required) _____ semi-automatic _____ fully automatic

Signed: _____

(Claimant, or captain if for a relay team)

(Principal of the high school)

ENDORSEMENT BY DIRECTOR OF STATE HIGH SCHOOL ATHLETIC OR ACTIVITIES ASSOCIATION

The foregoing track and field meet was sanctioned by the home State High School Association and conducted in compliance with the National Federation Rules.

Officer _____ High School Association

STATEMENT OF REFEREE. I am acquainted with the Officials who have attached their signatures on the reverse side. I believe they are competent and that they acted conscientiously and in good faith. The conditions were official in every way.

(NOTE: The referee should state any exceptions he desires to make to the foregoing statement. He should also describe the condition of the field or track, and any other matters which might in any way influence the results of the performance.)

Weather _____ Track Field Condition _____

Signed _____ Referee's Address (Street) _____

(City and State) _____
