



Application for Icelandic National Record

General Information	Meeting
Event: _____	Date: _____
<input type="checkbox"/> Outdoors <input type="checkbox"/> Indoors	Site: _____
<input type="checkbox"/> Men <input type="checkbox"/> Women	Venue: _____
<input type="checkbox"/> Junior Men (U20) <input type="checkbox"/> Junior Women(U20)	Name of Meet: _____
Performance * _____	Organizer: _____
Wind: _____ m/s	

Competitor/Athlete		
Name: _____		
Date of Birth: _____		
Club: _____		
Relay team		
	Name	Born
1.		
2.		
3.		
4.		

Supplementary Information
Times recorded by manual timekeepers _____
Weight of implement after event _____ grams.
Length of hammer implement _____ cm.
Field event performance measured: <input type="checkbox"/> by certified steel tape <input type="checkbox"/> by EDM (electronically)
Measurement** the date _____ by IAAF approved course measurer _____
**Road races only

Combined Events		
Event	Performance*	Wind

Doping Control
The competitor/s supplied urine sample according to the IAAF doping regulations <input type="checkbox"/> at the competition <input type="checkbox"/> at the day after competition
The sample has been forwarded for analysis at the accredited laboratory in _____

We hereby certify that all information given above is correct and that the competition at the meet also in all other aspects (arena, equipment, implements, race course etc) was in full accordance with the World Athletics rules.	
Competition director	Referee for the Event
_____	_____
Signature	Signature
* To be enclosed: <input type="checkbox"/> Copies of the original scorecard for the event (in combined events for all the single events). <input type="checkbox"/> Print of photo-finish for running events (in combined events for all the single running events).	
Send to: FRÍ, Engjavegur 6, 104 Reykjavik, Iceland (e-mail/scan; fri@fri.is)	