

**ATHLETICS WELLINGTON
APPLICATION FOR A CENTRE RECORD**

The Secretary
Wellington Track and Field Committee
WELLINGTON

FULL NAME _____	DOB ___/___/_____
CLUB _____	
EVENT _____	GRADE _____
PERFORMANCE _____	WIND READING _____
	or WEIGHT of IMPLEMENT _____
IMPLEMENT CERTIFIED _____	_____

<i>For Committee Use Only</i>
<i>Date of application received</i> ___/___/_____
<i>Signature</i> _____

REFEREE

NAME	SIGNATURE	DATE
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This application must be accompanied by a certified copy of the result sheet for the event. In the case of Throwing events the Technical Manager must also certify the sheet as to the implements used. Copies of Birth Certificate or passport must be produced for age grade records.