



Form for record application

Date of performance ¹		
Location of performance ²		
Record distance		<input type="checkbox"/> km <input type="checkbox"/> mile
Record time		
Name of Record Claimant		
Nationality of Claimant		
Stopped Times for Record Claimant	Time A	Signature
	Time B	Signature
	Time C	Signature
Is documentation certifying the length of the course attached?		<input type="checkbox"/> yes <input type="checkbox"/> no
Are intermediate (enroute) times taken for the record claimant attached?		<input type="checkbox"/> yes <input type="checkbox"/> no
Is the set of lap sheets taken for the record claimant attached (multi-lap courses) attached?		<input type="checkbox"/> yes <input type="checkbox"/> no
Is the documentation for any partial lap measurement (time limit runs) attached?		<input type="checkbox"/> yes <input type="checkbox"/> no
Is a copy of the entry form attached? ³		<input type="checkbox"/> yes <input type="checkbox"/> no
Is a photocopy of the advertisement for the race with details of where and when the advertisement appeared attached? ³		<input type="checkbox"/> yes <input type="checkbox"/> no
Is a copy of a videotape of the race showing the record claimant attached? ³		<input type="checkbox"/> yes <input type="checkbox"/> no
Has a validation been performed?		<input type="checkbox"/> yes <input type="checkbox"/> no
If a validation has been performed, has the documentation of the validation been attached?		<input type="checkbox"/> yes <input type="checkbox"/> no
If a validation has not been performed, do you request that a validation be arranged by the ARRS?		<input type="checkbox"/> yes <input type="checkbox"/> no

¹ Use finish date for multi-day events.
² Indicate City or town nearest to the finish line, and Country.
³ This is desired, but not mandatory.

I, the undersigned, hereby attest that the race was run on the course as certified and that the record claimant did in fact, cover the entire stated distance.

I, the undersigned, hereby attest that the record claimant has undergone tests for illegal substances within 30 days of the competition during which this record is claimed.

Signature _____

Date of Application _____ Submitted by _____

Contact Address _____

Contact Phone Number _____ Contact e-mail address _____