



Club Record Verification

Name:	Boy/Girl:	Age Group:
Event :	Submitters Name:	
Normal Competition <input type="checkbox"/>	Regional Championships <input type="checkbox"/>	State Multi-Event <input type="checkbox"/>
Knox Championship <input type="checkbox"/>	State Championships <input type="checkbox"/>	U/13 Australian Championships <input type="checkbox"/>
New Record:		
Event Date of New Record		
Below to be filled in by Committee Member		
Is the previous record held by the submitting athlete ? Y / N <input type="checkbox"/>		
If no, please record previous record details below :		
Previous Record:		Date of Previous Record:
Verification:		
Result Ticket Checked? <input type="checkbox"/>		
Is further verification required? Y / N <input type="checkbox"/>		
Result Sheet <input type="checkbox"/>	Computer Record <input type="checkbox"/>	
Record Recorded:		
Club Record webpage Updated <input type="checkbox"/>		
Added to Club Record Running Sheet <input type="checkbox"/>		

Committee Use only	Raised to Team Manager	Raised to Secretary	Record completed
	Date:	Date:	Date: