



PROOF OF RECORD-BREAKING PERFORMANCE

American Collegiate Prep Prep Deaf School Indoor

Please print clearly in blue or red ink. Thank you!

ATHLETE INFORMATION

Name: _____ Age: ____ Date of Birth: ____/____/____
Club / School: _____ Gender: **M W**
Club / School Location: _____ School Year: **FR SO JR SR NA**
City, State

For Relay Team list each athlete's name, date of birth, and school year:
Name: _____ Age: ____ DOB: ____/____/____ Year: **FR SO JR SR**
Name: _____ Age: ____ DOB: ____/____/____ Year: **FR SO JR SR**
Name: _____ Age: ____ DOB: ____/____/____ Year: **FR SO JR SR**
Name: _____ Age: ____ DOB: ____/____/____ Year: **FR SO JR SR**

MEET and PERFORMANCE INFORMATION

Meet Name: _____ Event: _____
Meet Location: _____ Actual Performance: _____
City, State
URL Meet Results: www. _____ Date of Performance: ____/____/____
Timing System: FAT HT
Implements certified by meet official? Yes No
Wind Reading if any: _____

Heptathlon / Decathlon:
Please submit complete results of each event on a separate

OFFICIAL

I CERTIFY THAT THIS FORM IS ACCURATE:

Meet Director or Designee: _____ Signature: _____
Date: ____/____/____ Email: _____ Phone: (____) _____ - _____
VP or

Note: Individual certifying this performance must be someone other than the student-athlete's coach.

WITNESS

I CERTIFY THAT THIS FORM IS ACCURATE, AND I REALIZED THAT SUBMITTING FALSE INFORMATION MAY LEAD TO OFFICIAL SANCTIONS.

Coach or Witness: _____ Signature: _____
Date: ____/____/____ Email: _____ Phone: (____) _____ - _____
VP or

DOCUMENT CHECKLIST

- All these documents below must be enclosed with this application form.
- Official results sheet.
- Meet program (flyer, schedule, or anything about the meet invitation).
- Photo finish (if available).

For all submissions, send the documents to:
Keith Sanfacon, Records Keeper
13422 Elevation Lane
Herndon, VA 20171
Email: records@usadtf.org

For more information, please visit USADTF website at www.usadtf.org

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