

# USA Deaf Track & Field

## PROOF OF RECORD-BREAKING PERFORMANCE

American  Collegiate  Prep  Indoor

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Club/School: \_\_\_\_\_ Gender: F M Year: FR SO JR SR NA  
Event: \_\_\_\_\_ Actual Performance: \_\_\_\_\_  
Meet Site: \_\_\_\_\_ Date of Performance: \_\_\_\_/\_\_\_\_/\_\_\_\_

For Relay Team list each athlete's name and year:

Name: \_\_\_\_\_ Year: FR SO JR SR  
Name: \_\_\_\_\_ Year: FR SO JR SR  
Name: \_\_\_\_\_ Year: FR SO JR SR  
Name: \_\_\_\_\_ Year: FR SO JR SR

Timing: FAT MT

Implements certified  
by meet official: YES NO

Wind Reading if any: \_\_\_\_\_

### Heptathlon/Decathlon:

Please submit complete results of each event on a separated sheet.

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**I CERTIFY THAT THIS FORM IS ACCURATE:**

Meet Director or Designee (print name): \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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

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This form must be signed by the meet director and sent via facsimile no later than **THIRTY (30) DAYS** after the qualify performance is made. Additional official results sheet, clipping, URL site, or supporting document should be enclosed.

For all submissions, send the form(s) to:  
Tiffany Granfors, USADTF Secretary  
21900 Goshen School Road  
Gaithersburg, MD 20882  
Fax: (301) 977-3926  
Email: info@usadtf.org

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

Coach or Witness (print name): \_\_\_\_\_ Signature: \_\_\_\_\_  
Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_-\_\_\_\_

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For more information, please visit USADTF website at [www.usadtf.org](http://www.usadtf.org)

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