



KZN MASTERS ATHLETICS

RECORD APPLICATION FORM

Athlete Details:

Full Name: _____

Date of Birth: (dd/mm/yyyy) _____

Age Category: _____ (e.g.: W50, M70)

2025 ASA License number: _____

Club: _____

Competition Details:

Date of Event: _____

Venue of competition: _____

Province: _____

Name of competition: _____

Event Details:

Event: _____ (eg: 100m) Time /Distance /Height /Points: _____

Make of Timing Device: _____

Wind Gauge Reading (where applicable): _____

Apparatus Assized: (where applicable) _____ (Attach particulars)

Referee / Meeting Director / Technical Delegate (Field, Track or Road event):

Name in print

Signature

ASA Number

Chairperson/secretary of applicant's Masters Committee (attests that applicant is a paid up member).

FOR OFFICIAL USE ONLY

Date form received: _____ Betters previous record: _____

Verified against official results: _____ Electronic timing: _____

Statistician comment: _____

Ratified by committee: _____