Kind of Record:  Record

1. Name of the ILS Sanctioned

#### Competition *please add the Sanctioning Document*

1. Event
2. Gender  male  female  mixed
3. Age Group  open  youth  masters group
4. Name of the Competitor       ,       Date of Birth

Name of the Team

1. Names of the Relay Team Members *(names in order of competing)*

1.       ,       - Date of Birth Year, month, day

2.       ,       - Date of Birth Year, month, day

3.       ,       - Date of Birth Year, month, day

4.       ,       - Date of Birth Year, month, day

1. Country
2. Member Organisation
3. Record claimed

*please add the official result*

1. Date and Time of Race dd   at 0:00
2. City and Venue

1. Chief Referee Approval

### Name

Signature …………………………

Date …………………………

1. Doping Control

*please add the certificate*

An interactive version of this form is available online at [www.ilsf.org](http://www.ilsf.org/).

The completed form must be sent to the ILS Custodian of Records,

Dr. Detlev Mohr, e-mail: [detlev.mohr@dlrg.de](mailto:detlev.mohr@dlrg.de) or phone +49 177 914 88 99

or to the sport commission of the ILS region in accordance with the record rules