



# U.S. Paralympics Track and Field Proof of Performance Form

## Athlete Information

Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Birth date: \_\_\_\_\_ Phone: \_\_\_\_\_

Permanent Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email: \_\_\_\_\_

Classification: \_\_\_\_\_ Permanent: Yes \_\_\_\_\_ No \_\_\_\_\_

Date and Location of Classification: \_\_\_\_\_

## Event Information

Name of Event: \_\_\_\_\_

Event Location: \_\_\_\_\_ Date: \_\_\_\_\_

Facility description (Track Size and Surface): \_\_\_\_\_

Sanctioned by: IPC \_\_\_\_\_ USATF \_\_\_\_\_ NCAA \_\_\_\_\_ State HS \_\_\_\_\_ Other \_\_\_\_\_

**Event 1:** \_\_\_\_\_ FAT\* Time/ Distance: \_\_\_\_\_

Wind Reading (100m, 200m, Long jump, Triple jump): \_\_\_\_\_ Implement Wt. \_\_\_\_\_

**Event 2:** \_\_\_\_\_ FAT\* Time/ Distance: \_\_\_\_\_

Wind Reading (100m, 200m, Long jump, Triple jump): \_\_\_\_\_ Implement Wt. \_\_\_\_\_

**Event 3:** \_\_\_\_\_ FAT\* Time/ Distance: \_\_\_\_\_

Wind Reading (100m, 200m, Long jump, Triple jump): \_\_\_\_\_ Implement Wt. \_\_\_\_\_

**Event 4:** \_\_\_\_\_ FAT\* Time/ Distance: \_\_\_\_\_

Wind Reading (100m, 200m, Long jump, Triple jump): \_\_\_\_\_ Implement Wt. \_\_\_\_\_

\*Fully Automatic Timing

### **VERIFICATION** (The official verification must be signed by the Meet Director)

I \_\_\_\_\_ (print name), witnessed the above performance(s), and hereby verify that the aforementioned athlete has performed at the above level.

Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone # \_\_\_\_\_

Title \_\_\_\_\_ Official Certification # (if applicable) \_\_\_\_\_

**Attach an official copy of the meet results to this form and send completed forms to: Tina Kauffman-Cain, U.S. Paralympics, via fax to 719-866-4288 or email to [Tina.Kauffman-Cain@usoc.org](mailto:Tina.Kauffman-Cain@usoc.org). Incomplete forms will not be accepted.**

Please fax to Athletes Without Limits at 1-877-221-9399 and we will send to Paralympics.