U.S. PARALYMPICS CYCLING PROOF OF PERFORMANCE

ATHLETE'S FULL NAME: _____

Gender: _____ **DOB:** _____

Permanent Address: _____

Phone: _____**Email:**_____

COMPETITION CLASSIFICATION: _____

Date of Classification: _____ **Permanent: Yes____No _____**

EVENT INFORMATION

Name of Event:_____

Sanctioned by: _____IPC _____ USAC

City, State : _____**Date:** _____

Event:_____**Time:**_____

Event:_____**Time:**_____

Event:_____**Time:**_____

OFFICIALS VERIFICATION (The official verification must be signed by the Head Official)

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

_____ _____ _____
Signature Date Phone No.

_____ _____
Title Official's Certification No. (if applicable)

COURSE LENGTH:
The Course length has been measured to within 100 meters.

_____
Signature of Head Official

OFFICIAL MEET RESULTS MUST BE ATTACHED

Send completed forms to: Kallie Quinn, U.S. Paralympics, via fax to 719-866-2029 or email to kallece.quinn@usoc.org. ***Incomplete forms will not be accepted.***