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: Erin Popovich, U.S. Paralympics, via fax to 719-866-2029 or email to erin.popovich@usoc.org. Incomplete forms will not be accepted.