

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.*