TRACK QUALIFYING MEET REPORT FORM
UPDATED MARCH 2020

This form must be emailed to Lane Ververs (lververs@chsaa.org) within 48 hours of Qualifying Meet completion or meet results will be deleted from MaxPreps rankings. Follow-up communication will be sent if all criteria is not met which may lead to results not being accurate as a qualifying meet.

DATE OF REPORT: ________________________________________________________________

DATE OF STATE QUALIFYING MEET: _________________________________________________

NAME OF MEET: (PRINT) __________________________________________________________

MEET DIRECTOR(S) (PRINT): _____________________________________________________

CELL PHONE OF MEET DIRECTOR(S): ____________________________________________

E-MAIL ADDRESS OF MEET DIRECTOR(S): _________________________________________

4 REQUIRED CTFOA CERTIFIED OFFICIALS FOR THIS MEET WERE:

THE FOUR REQUIRED OFFICIALS ARE (1) STARTER, (1) TRACK REFEREE, (1) FIELD REFEREE AND (1) ASSISTANT STARTER OR (1) CLERK OF COURSE

STARTER: (PRINT) ________________________________________________________________

(CTFOA CERTIFIED)

TRACK REFEREE: (PRINT) __________________________________________________________

(CTFOA CERTIFIED)

FIELD REFEREE: (#1 PRINT) _________________________________________________________

(CTFOA CERTIFIED)

ASSISTANT STARTER or CLERK OF COURSE: (PRINT) __________________________________________

(CTFOA CERTIFIED) [Please circle which role this official filled]

ADDITIONAL OFFICIALS & STAFF FOR THIS MEET WERE:

FIELD REFEREE: (#2 IF USED) _______________________________________________________

(CTFOA CERTIFIED)

WIND GUAGE OPERATOR (TRACK): (PRINT) __________________________________________

(IF TIED TO TIMING SYSTEM, NO PERSON IS NEEDED)

WIND GUAGE OPERATOR (LONG JUMP) (PRINT) _______________________________________

(IF RUN SIMULTANEOUSLY, THIS INDIVIDUAL MUST BE DIFFERENT THAN THAT USED FOR TRIPLE JUMP)

WING GUAGE OPERATOR (TRIPLE JUMP): (PRINT) _____________________________________

(IF RUN SIMULTANEOUSLY, THIS INDIVIDUAL MUST BE DIFFERENT THAN THAT USED FOR LONG JUMP)

NOTE: As the Meet Director, you are no longer required to report uniform violations on this report.

I certify that I have reviewed all meet results and have met all criteria: ________________________________

Signature of Meet Director

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