

# NEW ZEALAND MASTERS ATHLETICS

## ACHIEVEMENT AWARD APPLICATION FORM

PLEASE PRINT CLEARLY

EVENT		PERFORMANCE	
AGE GROUP	STATUS OF MEETING		
COMPETITION & VENUE		COMPETITION DATE	
ATHLETE'S FULL NAME			
ADDRESS			
DATE OF BIRTH	MALE		NZMA MEMBER NUMBER:
	FEMALE		EMAIL:

### **COMPETITOR:**

I, .....hereby certify that, to the best of my knowledge, the information I have submitted is correct under the IAAF Rules and NZMA By-Laws.

Signed: .....

**Please attach to this form a copy of the results from your competition and post to:**  
NZMA Achievement Awards, Christine McCahill, 220A Valley Road, Mt Maunganui, Tauranga 3116