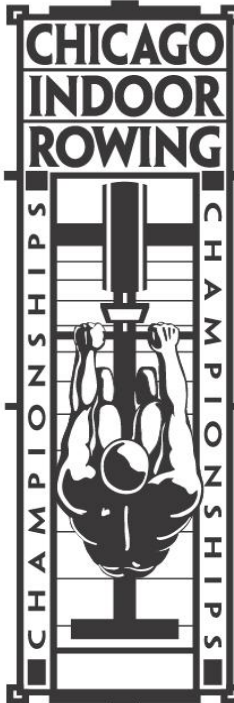


Race Organizers Certification: CIRC Record Challenge: 2010

(Note: This form must be filled out on the day of the event)

	Name of Event	
	Race date	
	Competitor	
	Name	
	Age & Birth Date	
	Gender	<input type="checkbox"/> M <input type="checkbox"/> F
	Email	
	Daytime/Evening Phone	Daytime: _____ Evening _____
	Lightweight?	<input type="checkbox"/> Yes Lightweight
	Distance	<input type="checkbox"/> 2K <input type="checkbox"/> 1K (<i>Adaptive</i>)
	Time	
	Race Director	
	Name	
	Email	
	Daytime Phone	
Witness		
Name		
Email		
Daytime/Evening Phone		

I certify that this information is true and was witnessed by at least one onsite judge who confirmed the time with the competitor's monitor. The corresponding Race File(s) have been sent to CIRC electronically and I further certify that these Race Files have not been altered.

_____ Date _____ Date _____

RACE DIRECTOR

WITNESS

Note to Race Director: this completed form must be faxed within 24 hours of your event. Please contact me with any questions.

Fax Number: 773.871.9464

Email the Race File(s) to: jbutsch@ChicagoIndoorRowing

Contact: John S. Butsch: 773.525.1030 x203 (Office) 312.731.0441 (Cell)