

**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: Sarah Hammer-Kroening via email to [Sarah.Hammer-Kroening@usopc.org](mailto:Sarah.Hammer-Kroening@usopc.org). *Incomplete forms will not be accepted.*