



Application for Swedish National Ultramarathonrecord

General information:

Event (name of the competition): _____

Outdoors/indoors: _____

Date: _____ Town/country: _____

Organizer/club: _____

Start time: _____ End time: _____

Result: _____ Time: _____ Distance: _____

Competitor (athlete):

Name: _____ Date of birth: _____

Club: _____

Information about the Course:

Length/length per lap: _____

Certified by National Federation (NF)
(yes/no): _____

Measured according to NF rules:(yes/no) _____

Split times
recorded: _____

We hereby certify that all information given above is correct:

Race Director/Referee of the Event (Signature/Date): _____

Athlete (Signature/Date): _____

* To be attached:

- Copy of doping control protocol

Send application and supporting documents to:

Föreningen Ultradistans
C/O Maria Jansson
Broddgatan 3
169 69 Solna