

TRACK & FIELD EVENT LICENCE

CONTACT DETAILS

Contact Name:

Contact Address:

Post Code:

Email Address:

Telephone Number:

Mobile Number:



WELSH ATHLETICS
ATHLETAU CYMRU

COMPETITION DETAILS - Please use the supplementary sheet if you are applying for a series of events. e.g. leagues.

Event Name:

Promoting Body / Club:

Event Date:

Event Venue:

Indoor or Outdoor

UKA Venue Certification (1-5):

Age Group Range:

Events:
(Please supply a copy of the event prospectus & Entry Form.)

Entry Conditions (If applicable)

First Aid & Qualification Attendance. Yes No
St Johns, Red Cross, Other

On behalf of , I agree that UK Athletics Rules for Competition (2010), as supplemented by specific local competition requirements, will be applied, fully accredited Technical Officials will be appointed and the UK Athletics Code of Practice for the safe conduct of Track & Field Events will be operated at all times.

Signed: Name:

Office Held: Date:

Once complete please return to your regional Licence Officer