RACE WALKS PENALTY ZONE RECORD FORM

DATE: ____ /____ /_____ **EVENT: _____** **MALE / FEMALE**

EVENT DISTANCE:_____ METRES

NOMINAL PENALTY ZONE TIME FOR EVENT: _____MINS_____ SECONDS_____

ATHLETE #	HIP #	TIME ENTERED ZONE	TIME EXITED ZONE	TOTAL TIME IN ZONE

PENALTY ZONE MANAGER:

NAME: _____ SIGNATURE: _____

PENALTY ZONE TIMEKEEPER:

NAME: _____ SIGNATURE: _____

FORM MUST BE GIVEN TO THE CHIEF WALK JUDGE AS SOON AS THE EVENT IS COMPLETED

FORM RECEIVED BY CHIEF WALK JUDGE:

NAME: _____ SIGNATURE: _____

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