

MHSAA Early Qualifier Meet - Officials Verification Form

Instructions:

□ Please have the meet director and 2 officials complete this form. □ Within 2 days of the completion of your event, please upload a pdf of this document to the online link (this link can also be found on the MHSAA Track and Field website). Meet Name: Date of Meet:____ Statement by each official: **OFFICIAL 1** ☐ FAT was used (required) ☐ Wind readings were collected on long jump (optional) ☐ Wind readings were collected on sprints (optional) ☐ Implements were weighed (required) ☐ Implements were impounded if not conforming (required) ☐ The standard 17 events were run in order* (required) *there can be additional non-qualifying events before, during or after, but the 17 must be in order Six or more teams actually competed (teams mean a full team of athletes from a school or organization, not a select sub-group) (required) Name_____MHSAA Official ID:_____ Signature_____

OFFICIAL 2	
☐ FAT was used (required)	
☐ Wind readings were collected on long jump (optional)	
☐ Wind readings were collected on sprints (optional)	
☐ Implements were weighed (required)	
☐ Implements were impounded if not conforming (required)	
☐ The standard 17 events were run in order* (required)	
*there can be additional non-qualifying events before, during	or after, but the 17 must be in order
☐ Six or more teams actually competed (required)	
Name	_MHSAA Official ID:
Signature	
Statement by Meet Manager:	_
☐ I certify that this meet complied with the MHSAA Early Qualif	ying Meet standards.
Name of Person submitting form as Meet Manager:	
Title:	_
Organization:	_
Email:	_
Phone:	_
Signature	_
Comments on abnormalities in the meet. (i.e. events canceled, non-F	AT races, etc.) Use add'l sheets if needed.