

ASSIZE CERTIFICATE

MEETING

Meeting: _____ Date of Meeting: _____

Item no: _____ Time of Item: _____

City: _____

ATHLETE

Athlete: _____

Province / Country: _____ Registration No: _____

Men: \uparrow Women: \uparrow Age group: _____

IMPLEMENT

SHOT

Rule 188.4 - 5

Name of Implement: _____

Construction Material: _____

Weight: _____ gr

Diameter: _____ mm

ASSIZER

Registration no.

DATE