

Book of Alternative Records – World Record Application Form

Information about the Record breaker:

(If the record was broken by a small group of people, please provide these details for the other team members on a separate sheet of paper. If the record was broken by a large team, please name a team member as contact person. Please be sure to write legibly!)

Name: First Name:
Team / Company (if relevant):
Birthday: Occupation Country:
Telephone.: Fax:
..
E-mail: Web Site (if available):
Postal address:

Record category:
 This is a new category
 This surpasses the record published on page

The record was broken on (date) at (venue)

Measurements, facts etc.:
.....
.....
.....
.....

Detailed rules that were followed for the attempt:
.....
.....
.....

- Photographs included. (They can be used by the authors for the "Book of Alternative Records" and other publications license-free. I acknowledge that the copyright is not owned by third parties.)
- Newspaper cuttings included
- Video tape included
- Logbook included (needed for endurance marathons and some other categories)

I acknowledge that the information given is true.

Signature of the record breaker

Witnesses and judges please sign on the other page.

Witnesses and judges

These forms need to be signed and stamped by at least two persons in a responsible position (a mayor, a sports referee or someone of that calibre.) For record attempts in specialized field, at least one of the witnesses should be an expert in the field (for example a mathematician or maths teacher for mental calculation records.)

The witnesses must be at least 18 years old and they must be independent of the record breaker and not involved in the record attempt.

If the witnesses prefer, statements can also be written on a separate headed sheet of paper, but they must include the information given below.

We have witnessed the record attempt described on the other page and confirm that the details about the claim given in this application form are true.

First witness:

Name: First Name:

Position (for example "karate instructor", "mayor").....

Company Stamp / seal documenting the position:

phone.: fax: e-mail:

Postal address:

Signature:

Second witness:

Name: First Name:

Position (for example "karate instructor", "mayor").....

Company Stamp / seal documenting the position:

phone.: fax: e-mail:

Postal address:

Signature:

Please note that we cannot return any material sent to us.

We strongly advice to make a copy of your documentation before sending it to us.

Please send the form with other documentation (logbooks, photographs, newspaper cuttings to: Ralf Laue, Bamberger Str. 53 a, 04207 Leipzig, Germany)