Shoe Receipt Form

Name and Date of Competition:

Athlete's name:

Member Federation of Athlete:

Event / Sex category:

Finishing Position:

This is to confirm that the competition shoe(s) belonging to the above athlete have been collected by the Shoe Control Officer for the purpose of checking their compliance with the Athletic Shoe Regulations.

Details of Shoes

Brand	
Model	
Size	
Colour	
Shoe(s) collected	☐ Left Shoe only ☐ Right Shoe only ☐ Pair of Shoes

The shoe(s) will be kept under custody by World Athletics and the outcome of the examination by the Independent Body will be notified to the athlete or their representatives. Please note that the tests required to confirm compliance with the Athletic Shoe Regulations may include the shoes being cut.

Should the shoe be returned: ☐ Yes ☐ No

If yes, the shoe(s) should be returned to the following address:

Name	
Postal Address	
Email / Telephone	

Date:

_____ (Shoe Control Officer)

_____ (Athlete)