INTERNATIONAL SKYRUNNING FEDERATION

Claim

Competition name: _____
Date: ____/____/_____ Event location: _____
Organizing entity: _____
Type of competition (ex: VK, Sky, SkyUltra): _____
Age group and gender: _____
Complainant's name and position (athlete, team manager, etc.): _____
_____
Team/Country: _____
Name(s) and number(s) of the athlete(s) involved: _____
_____
_____
Reason for complaint/incident details: _____
_____
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_____

Hour: ____:____ Place: _____ Date: ____/____/_____

Complainant's signature: _____