McDONALD'S STATE RELAY - DIRECT TEAM ENTRY FORM
Central Coast, Central North, Maranoa, North Qld, Tropical North Regions Only
TRACK TEAM NOMINATIONS

Shaded boxes indicate events which **ARE NOT** available to that age group as a team event
PLEASE WRITE THE NUMBER OF NOMINATED TEAMS IN THE APPROPRIATE EVENT BOXES

EVENTS	U9s	U10s	U11s	U12s	U13s	U14s	U15s	U16s	U17s
4 x 100m									
Swedish Relay									
4 x Medley									

	CAT U9 –U10s		CAT U11 – U13s		CAT U14-U17s			MC U9-U12 & U13--U17s	
4 x 100m MC: 2x100m									
Swedish Relay									
4 x Medley									

Relay:_____ **U/**_____ **Boys / Girls / CAT**
e.g. 4 x 100 *e.g. U/12* *(circle appropriate)*

Athletes Name	*Rego No.*	*DoB*

Relay:_____ **U/**_____ **Boys / Girls**
e.g. 4 x 100 *e.g. U/12* *(circle appropriate)*

Athletes Name	*Rego No.*	*DoB*

Relay:_____ **U/**_____ **Boys / Girls**
e.g. 4 x 100 *e.g. U/12* *(circle appropriate)*

Athletes Name	*Rego No.*	*DoB*

Copy as Required

McDONALD'S STATE RELAY - DIRECT TEAM ENTRY FORM
Central Coast, Central North, Maranoa, North Qld, Tropical North Regions Only
FIELD TEAM NOMINATIONS

Shaded boxes indicate events which **ARE NOT** available to that age group as a team event

EVENTS	U9s	U10s	U11s	U12s	U13s	U14s	U15s	U16s	U17s
High Jump									
Long Jump									
Discus									
Shot Put									

	Long Jump	Discus
MC U9 – U12s-		
MC U13 – U17s		

Relay:_____ **U/**_____ **Boys / Girls**
e.g. Shot Put *e.g. U/10* *(circle appropriate)*

Athletes Name	*Rego No.*	*DoB*

Relay:_____ **U/**_____ **Boys / Girls**
e.g. Shot Put *e.g. U/10* *(circle appropriate)*

Athletes Name	*Rego No.*	*DoB*

Relay:_____ **U/**_____ **Boys / Girls**
e.g. Shot Put *e.g. U/10* *(circle appropriate)*

Athletes Name	*Rego No.*	*DoB*

Relay:_____ **U/**_____ **Boys / Girls**
e.g. Shot Put *e.g. U/10* *(circle appropriate)*

Athletes Name	*Rego No.*	*DoB*

Relay:_____ **U/**_____ **Boys / Girls**
e.g. Shot Put *e.g. U/10* *(circle appropriate)*

Athletes Name	*Rego No.*	*DoB*

Copy as Required