CLASH FORM Little Athletics Aust. Athlete Name: _____ U/ Rego No: State: The athlete is at / has been sent to: Event No: _____Event Name: _____ Nominated event that may / will clash: Programmed Time: _____Event No: ____Event Name: ____ Programmed Time: Event No: Event Name: & Officials Use Only: The Clash Marshall / Referee & relevant Field Chief has been notified: yes / no The athlete has been sent to the clashing event: yes / no CLASH FORM Little Athletics Aust. Athlete Name: U/ Rego No: State: The athlete is at / has been sent to: Event No: Event Name: Nominated event that may / will clash: Programmed Time: Event No: Event Name: Programmed Time: _____Event No: ____Event Name: ____ & Officials Use Only: The Clash Marshall / Referee & relevant Field Chief has been notified: yes / no The athlete has been sent to the clashing event: yes / no CLASH FORM Little Athletics Aust. Athlete Name: U/ _____ Rego No: _____ State: _____ The athlete is at / has been sent to: Event No: Event Name: Nominated event that may / will clash: Programmed Time: _____Event No: ____Event Name: ____

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yes / no yes / no