

CENTRE USE ONLY | NOMINATION FORM FOR LAQ REGIONAL RELAYS

This nomination form may be copied for nominating purposes and returning to your affiliated Centre. Check with your Centre Committee for the closing date.

Dark shaded boxes indicate events which ARE NOT available to that age group as a team event Light shades boxes (U7 & U8s) Please check if offered by Region	Nomination fees: \$6.00 per event											
	EVENTS	U7s	U8s	U9s	U10s	U11s	U12s	U13s	U14s	U15s	U16s	U17s
	4 x 70m											
	4 x 100m											
	4 x Swedish											
	4 x Distance											
	Long Jump											
	High Jump											
	Discus											
	Shot Put											

Surname _____ Contact ph./email: _____
 First Name _____ B/G U/ _____ Rego No. _____ No Events _____ Fees \$ _____
 First Name _____ B/G U/ _____ Rego No. _____ No Events _____ Fees \$ _____
 First Name _____ B/G U/ _____ Rego No. _____ No Events _____ Fees \$ _____
 Centre use only _____ Receipt No: _____ Amount received: _____



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