

McDONALD'S REGIONAL RELAY – MULTI CENTRE TRACK TEAM NOMINATION FORM

THIS FORM MUST BE RECEIVED BY 9:00am ON THE CLOSING DATE

Multi Centre Team name: _____

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	U7's	U8's	U9's	U10's	U11's	U12's	U13's	U14's	U15's	U16's	U17's
4 X 70m											
4 x 100m											
4 x 200m											
Swedish Relay											
4 x Medley											

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

Affiliated Centre	Athletes Name	Rego No.	DoB	B / G

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

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