

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									
4 x 200m									
Swedish Relay									
4 x Medley									

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

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

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

Athletes Name	Rego No.	DoB

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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
Long Jump									
High Jump									
Discus									
Shot Put									

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

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

Athletes Name	Rego No.	DoB