

**CENTRE MEMBER
NOMINATION FORM FOR LAQ REGIONAL RELAYS:**

Centre: _____

Dark shaded boxes indicate events which ARE NOT available to that age group as a team event Light shades boxes (U7 & U8's) Please check if offered by Region	Nominations must be lodged through your Centre. REFER TO CENTRE COMMITTEE FOR NOMINATIONS CLOSING DATES & MAXIMUM NUMBER OF ENTRIES											
	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											
	4 x Swedish											
	4 x Medley											
	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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