

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

Centre: \_\_\_\_\_

Nom.'s must be lodged through your Centres.

REFER TO CENTRE COMMITTEE FOR NOMINATIONS CLOSING DATES & MAXIMUM NUMBER OF ENTRIES

Shaded boxes indicate events which **ARE NOT** available to that age group

EVENTS	U7	U8	U9	U 10	U11	U12	U13	U14	U15	U17
Sprints 4 x 70m										
4 x 100m										
4 x 200m										
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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