

**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 Centres. REFER TO CENTRE COMMITTEE FOR NOMINATIONS CLOSING DATES & MAXIMUM NUMBER OF ENTRIES											
	EVENTS	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17
	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 \$ _____

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Centre use only Receipt No: _____ Amount received: _____

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