CLUB NAME _____

CONTACT ADDRESS: _____

Please fax or email each sheet as required.
Use one sheet for each sex.
Highlight appropriate sex.

Please include personal bests for seeding 100m, 200m, 400m and hurdles. Please mark P.B. for these events instead of checking boxes.

TEL. No: _____ **COACH:** _____ **BOYS/MEN** **GIRLS/WOMEN**

AGE GROUPS **2000, 1999, 1998,1997, 1996, 1995, 1994, JUV, JNR, SNR, MASTER.**

NAME	BCA. No.	AGE CLASS	DIST. HURD.	SPRINT HURD	60m	100m	200	400	800	1500	STEEPLE CHASE	3000	5000m	RACE WALK

CLUB NAME _____

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AGE GROUPS **2000, 1999, 1998, 1997, 1996, 1995, 1994, JUV, JNR, SNR, MASTER**

NAME	BCA. No.	AGE CLASS	L J	T J	H J	S P	JAV	DISC	P V	HAM