



**ENTRIES FOR SUMMER GAMES TRIALS
ZONE 5**

NAME _____

HOME ADDRESS _____

POSTAL CODE _____ TEL.NO. _____ Email _____

EMERGENCY Contact Name _____ PH.NO. _____
during Games

MAIL ADDRESS if different. _____

SCHOOL _____ CLUB _____

DATE of BIRTH _____ BC ATHLETICS NO. _____

MEDICAL NUMBER _____ CHEST MEASUREMENT _____
for competition singlet

1.EVENT _____ Personal Best _____ Date _____ Event _____

2.EVENT _____ Personal Best _____ Date _____ Event _____

3.EVENT _____ Personal Best _____ Date _____ Event _____

4.EVENT _____ Personal Best _____ Date _____ Event _____

5.EVENT _____ Personal Best _____ Date _____ Event _____

6.EVENT _____ Personal Best _____ Date _____ Event _____

7.EVENT _____ Personal Best _____ Date _____ Event _____

8.EVENT _____ Personal Best _____ Date _____ Event _____

I wish to be considered for STEEPLECHASE Yes _____ No _____

PENTATHLON Yes _____ No _____

I understand that I should compete in as many pentathlon events as possible at the trials ie.high jump, long jump, shot put, sprint hurdles, 800m.

FEES: Number of events _____ x\$4.00 \$ _____

If not a BC Athletics member add \$3.00 fee for trials. \$ _____

TOTAL \$ _____