

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

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

Nominations must be lodged through your Centre. REFER TO CENTRE COMMITTEE FOR NOMINATIONS CLOSING DATES & MAXIMUM NUMBER OF ENTRIES												
Shaded boxes indicate events which ARE NOT available to that age group as a team	EVENTS	U7	U8	U9	U10	U11	U12	U13	U14	U15	U16	U17
	4 x 70m											
	4 x 100m											
	4 x 200m											
	4 x Swedish Medley											
	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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