CENTRE MEMBER	
NOMINATION FORM FOR LAQ REGIONAL REL	AYS:

First Name ____

First Name ____ Centre use only

NOT t	Nominations must be lodged through your Centre. REFER TO CENTRE COMMITTEE FOR NOMINATIONS CLOSING DATES & MAXIMUM NUMBER OF ENTRIES											
ARE even	EVENTS	U7's	U8's	U9's	U10's	U11's	U12's	U13's	U14's	U15's	U16's	U17's
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	4 x 70m											
	4 x 100m									<u>aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa</u>		
	4 x 200m											
	4 x Swedish						<u> </u>					
	4 x Medley											
	Long Jump											
	High Jump											
ark sh ava	Discus											
Ds	Shot Put											
Surname					Cor	ntact ph/e	email:					
First Name			B/	G U/_	Reg	jo No		No Ev	ents		Fees \$_	
First Name Centre use or	nlv		B/ Re	G U/eceipt No:	Reg	jo No		No Ev	ents nt_received		Fees \$_	
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RE NOT TANIMON TANIMON	MEMBER ION FORM F	OR LAC	2 REGIO No	ONAL R	ELAYS: ns must R NOMINA	be lodge	Centre:	Jh your (Centre. KIMUM NU	MBER OF	ENTRIES	
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RE NOT TANIMON TANIMON	MEMBER TON FORM F REFER EVENTS	OR LAC	2 REGIO No	ONAL R	ELAYS: ns must R NOMINA	be lodge	Centre:	Jh your (Centre. KIMUM NU	MBER OF	ENTRIES	
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age group as a team event age group as a team event ENOT ENOT ENOT ENOT ENOT ENOT ENOT ENOT	MEMBER TION FORM F REFER EVENTS 4 x 70m 4 x 100m 4 x 200m 4 x Swedish 4 x Medley Long Jump High Jump	OR LAC	2 REGIO No	ONAL R	ELAYS: ns must R NOMINA	be lodge	Centre:	Jh your (Centre. KIMUM NU	MBER OF	ENTRIES	
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B/G U/____ Rego No.____ No Events____ Fees \$_____

 B/G
 U/____
 Rego No.____
 No Events_____
 Fees \$_____

 Receipt No:_____
 Amount received: _____