



**2022/23**

# **Zone Athlete Nomination Form**

**26<sup>th</sup> & 27<sup>th</sup> November 2022, Tamworth Athletics Track**

**\$25 per Athlete**

|              |  |                     |  |
|--------------|--|---------------------|--|
| Athlete Name |  | Registration Number |  |
| Age Group    |  | Male / Female       |  |

|         | <b>Under 7 – U11</b> | <b>Under 12 – U17</b> |
|---------|----------------------|-----------------------|
| Event 1 |                      |                       |
| Event 2 |                      |                       |
| Event 3 |                      |                       |
| Event 4 |                      |                       |
| Event 5 | <b>N/A</b>           |                       |
| Event 6 | <b>N/A</b>           |                       |

**Is your child available for club relay: YES / NO**

I wish to enter my child in the above events for the Zone Championships, I understand that by entering my child and signing this document, I will be agreeing to help at the event on behalf of *Armidale Athletics Club*.

Parent/Carer Name: \_\_\_\_\_

Mobile: \_\_\_\_\_

Signature: \_\_\_\_\_

**This form must be returned by 9/11/2022 with payment attached**