

**AUSTRALIA CUP
INTER-STATE MATCH
CANBERRA 30 JANUARY 2010
AIS TRACK, BRUCE**

NOMINATION FORM

Under 14 athletes, this is your opportunity to represent the ACT at National level. Please complete and return this form to the ACT Little Athletics Office at the above address as soon as possible (marked clearly on the envelope with "Nomination Form – CANBERRA") by 20 November 2009.

Please make sure you read the accompanying Information Brochure prior to nominating!

ATHLETE'S NAME:

Circle one
MALE FEMALE DOB:.....

REGISTRATION NO: CENTRE:

ATHLETE'S ADDRESS:

.....

PHONE NUMBER/S:

NOMINATED EVENTS:

EMAIL ADDRESS:

Please note:

All costs associated with participating in this event are to be met by individual athletes. Reimbursement of these costs will be levied on those athletes with payment required well before the event. This will be advised to parents at a later date.

SIGNATURE OF ATHLETE: Date:.....

NAME OF PARENT/GUARDIAN:

SIGNATURE OF PARENT/GUARDIAN: Date:.....