CENTRE MEMBER NOMINATION FORM FOR LAQ COMPETITIONS: Centre:														
This r	nomination form is fo etitions by ticking th	r the use e approp	of Centr riate box	e athlete . Region	es and ma nal Cham	ay be copi pionship	ied for no Nom.'s <u>m</u>	ominating nust be lo	purposes	for each	of the fo Ir Centre	ollowing L	_AQ	
Bendigo Bank Regional Championships				Medibank Senior Carnival / Junior Pent Nom. fees: \$10 per athlete for all competition				ent	IGA Winter Championships					
Nordic Sport Junior Carnival / Senior Pent			IGA Winter U7 & U8 Carnival											
REFER TO CENTRE COMMITTEE FOR NOMINATIONS CLOSING				BENDIGO BANK REGIONAL CHAMPIONSHIPS (U7 - U17's) Winter 7 & 8's Carnival & Winter Championships (U9 - U17's)										
DATES & MAXIMUM NUMBER OF ENTRIES			JUNIOR CARNIVAL (U7 - U10's)				SENIOR CARNIVAL (U11 - U17's)							
Shaded boxes indicate events which ARE NOT available to that age group	EVENTS		U7	U8	U9	U 10	U11	U12	U13	U14	U15	U16	U17	
	Sprints	70												
		100												
		200												
	Middle/	400												
	Distance	800												
		1500												
	Walks	700												
		1100												
		1500												
	Hurdles	60												
		80												
		90												
		100												
		200												
	Long Jump													
	High Jump													
	Triple Jump													
	Shot Put													
	Discus													
	Javelin													
Win	<i>U15 - U17's</i> ter C'ships / Regiona	I Pent												
PENT	ATHLON (Jun or Sen)													
Surname Contact ph/email:														
First Name					B/G U/			Rego No		No EventsFees \$				
First Name					B/G U/		Rego No		No EventsFees \$					
Parent/Guardian:(name) Total Fees \$														
I am prepared to officiate at the														
Nomination form can be mailed, faxed or emailed. Payment can be Cash, Cheque or Direct De											Deposit			
Little Athletics Queensland Postal: PO Box 6037, Fairfield Gardens QLD 4103 Fax: 07) 3255 9438									Direct Deposit: Bendigo Bank, BSB: 633 000					
	Fax: 07) 3255 9438 Account No.: 1256 10782 Email: info@laq.org.au Account Name: Queensland Little Athletics													

Centre use only

Receipt No: _____ Amount received: _____