

Athlete Nomination

Athlete Name:

Address:

Phone: Date of Birth: __/__/____

Email Address:

Parents Name:

Parents Email:

Coaches Details:

Name:

Phone: Email Address:

ATHLETE

Events:

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Goals Short Term:

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Performances of note, including personal bests and Athletics NZ ranking:

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Signed by Nominator:

Director's approval: Y / N

P O Box 115
INVERCARGILL



Directors:

Craig McColl
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