

Little Athletics Association of New South Wales Inc.

TRANS TASMAN TRIAL NOMINATION FORM

PARENT/GUARDIAN SIGNATURE
 confirming:-
 a) nominated events for their child;
 b) responsibility for approx. \$200 to cover cost of running uniform, tracksuit, team hat, polo shirt, bag, team photo to be paid on receipt of account from LAANSW;
 c) having read No.1 Bulletin dated Sept 2006

CENTRE:.....CENTRE NO:.....

	NAME IN FULL		Reg No.	Date of Birth	Age/Sex eg. U11G	Please place "X" in appropriate column								Parent/Guardian Signature	
	Given Name	Surname				100	200	400	800	1500	HJ	LJ	Shot		Disc
1.															
2.															
3.															
4.															
5.															
6.															

..... (please list the name of person who will act as your Centre Team Manager for the duration of the Trials)

Team Manager

I certify that the above entrants are registered with the Little Athletics Association of NSW for the 2008//2009 season in either the U11 or U12 age groups. Nomination fee of **\$10.00 per child** (includes GST) , amounting to \$_____ is enclosed, and I undertake to have this Nomination Form and fees at the LAANSW Office, Locked Bag 85, Parramatta NSW 2124 **OR** 90-92 Harris Street, Harris Park, **by close of business, Wednesday, October 22, 2008**. All athletes **MUST** wear their individual McDonald's number on the front and Coca-Cola Centre number on the back of their uniform at the Trans Tasman Trials.

It is the responsibility of individual Centre Committees or their Championship Officers to ensure Centre entries are lodged with the Association's office on or before the closing date. This includes allowing adequate mailing time to ensure delivery by the above time and date. Absolutely no extension of time will be allowed, irrespective of the circumstances.

ENTRIES ARE ONLY DEEMED TO BE LODGED WHEN ACTUALLY RECEIVED AT THE LAANSW ASSOCIATION OFFICE, 90-92 HARRIS STREET, HARRIS PARK - NOT WHEN LODGED WITH YOUR CENTRE.

SIGNATURE OF CENTRE OFFICIAL:.....POSITION HELD IN CENTRE:.....

I enclose cheque , money order , or debit my credit for \$ _____

Bankcard MasterCard Visa

Expiry Date ___/___/___ Signature: _____ Cardholders Name: _____

OR Attach bank confirmation that you have paid directly into the Association bank account. To obtain details contact the Association's bookkeeper on 9633 4511.

