



**NATIONAL ASSOCIATION OF ATHLETICS ADMINISTRATIONS**



REGISTRATION FORM  
**COMBINED-EVENTS CHAMPIONSHIPS 2012**  
Saturday 12<sup>th</sup> – Sunday 13<sup>th</sup> May  
**HASELY CRAWFORD STADIUM**

**TO: THE SECRETARY, NATIONAL ASSOCIATION OF ATHLETICS ADMINISTRATIONS**

*Please register the under mentioned athletes for the **COMBINED EVENTS CHAMPIONSHIPS 2012***

**NAME OF CLUB:** \_\_\_\_\_

NO.	NAME	REG. NO.	DATE OF BIRTH (DD/MM/YYYY)	SEX (M/F)	EVENT NO.	EVENT TITLE
1						
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\_\_\_\_\_  
President/Secretary

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DATE

CLUB STAMP