Team: .....

Event Date: .....

Team Manager: .....

Under 11 Girls Declaration Sheet

No.	Athletes full name/number required	1 + 1 Lap Relay A	1 + 1 Lap Relay B	2 + 2 Lap Relay A	2 + 2 Lap Relay B	Chest Push	Soft Javelin	Speed Bounce	St. Long Jump	St. Triple Jump	Vertical Jump	Obstacle Relay	6 Lap Paarlauf	4 x 1 Lap Relay
		Track	Track	Track	Track	Field	Field	Field	Field	Field	Field	Relay	Relay	Relay
		2	2	2	2	2	2	2	2	2	2	4	2	4

1. Please tick the appropriate box for each athlete's events noting that each athlete is limited to four events and one relay.
2. Completed declaration sheets must be handed in to the scorers promptly. Please keep a copy for your own reference.

Sportshall

Team:

Event Date:

Team Manager:

Under 11 Boys Declaration Sheet

No.	Athletes full name/number required	1 + 1 Lap Relay A	1 + 1 Lap Relay B	2 + 2 Lap Relay A	2 + 2 Lap Relay B	Chest Push	Soft Javelin	Speed Bounce	St. Long Jump	St. Triple Jump	Vertical Jump	Obstacle Relay	6 Lap Paarlauf	4 x 1 Lap Relay
		Track	Track	Track	Track	Field	Field	Field	Field	Field	Field	Relay	Relay	Relay
		2	2	2	2	2	2	2	2	2	2	4	2	4

1. Please tick the appropriate box for each athlete's events noting that each athlete is limited to four events and one relay.
2. Completed declaration sheets must be handed in to the scorers promptly. Please keep a copy for your own reference.

Sportshall

Team:

Event Date:

Team Manager:

Under 13 Girls Declaration Sheet

No.	Athletes full name/number required	2 Lap Race	4 Lap Race	6 Lap Time Trial	Shot	Speed Bounce	St. Long Jump	St. Triple Jump	Vertical Jump	Obstacle Relay	8 Lap Paarlauf	4 x 2 Lap Relay
		Track	Track	Track	Field	Field	Field	Field	Field	Relay	Relay	Relay
		2	2	1	2	2	2	2	2	4	2	4

1. Please tick the appropriate box for each athlete's events noting that each athlete is limited to four events and one relay.
2. Completed declaration sheets must be handed in to the scorers promptly. Please keep a copy for your own reference.

Sportshall

Team:

Event Date:

Team Manager:

Under 13 Boys Declaration Sheet

No.	Athletes full name/number required	2 Lap Race	4 Lap Race	6 Lap Time Trial	Shot	Speed Bounce	St. Long Jump	St. Triple Jump	Vertical Jump	Obstacle Relay	8 Lap Paarlauf	4 x 2 Lap Relay
		Track	Track	Track	Field	Field	Field	Field	Field	Relay	Relay	Relay
		2	2	1	2	2	2	2	2	4	2	4

1. Please tick the appropriate box for each athlete's events noting that each athlete is limited to four events and one relay.
2. Completed declaration sheets must be handed in to the scorers promptly. Please keep a copy for your own reference.

Sportshall

Team:

Event Date:

Team Manager:

Under 15 Girls Declaration Sheet

No.	Athletes full name/number required	2 Lap Race	4 Lap Race	Shot	Speed Bounce	St. Long Jump	St. Triple Jump	Vertical Jump	8 Lap Paarlauf	4 x 2 Lap Relay
		Track	Track	Field	Field	Field	Field	Field	Relay	Relay
		2	2	2	2	2	2	2	2	4

1. Please tick the appropriate box for each athlete's events noting that each athlete is limited to four events and one relay.
2. Completed declaration sheets must be handed in to the scorers promptly. Please keep a copy for your own reference.

Sportshall

Team:

Event Date:

Team Manager:

Under 15 Boys Declaration Sheet

No.	Athletes full name/number required	2 Lap Race	4 Lap Race	Shot	Speed Bounce	St. Long Jump	St. Triple Jump	Vertical Jump	8 Lap Paarlauf	4 x 2 Lap Relay
		Track	Track	Field	Field	Field	Field	Field	Relay	Relay
		2	2	2	2	2	2	2	2	4

1. Please tick the appropriate box for each athlete's events noting that each athlete is limited to four events and one relay.
2. Completed declaration sheets must be handed in to the scorers promptly. Please keep a copy for your own reference.

Sportshall