Sportshall Regional Finals 2016

Team Name _____

Team Manager _____

Under 13 Girls Team Sheet		Date of Birth	Section A				Section B									Please record the name of each athlete's club or school
			2 Lap Race	4 Lap Race	6 Lap Time Trial	4 x 1 Lap Relay	Obstacle Relay	8 Lap Paarlauf	4 x 2 Lap Relay	Shot	Speed Bounce	St. Long Jump	St. Triple Jump	Vertical Jump		
No.	**athletes full name / athletes per event**		**2**	**2**	**2**	**4**	**4**	**2**	**4**	**2**	**2**	**2**	**2**	**2**		
			✔													
			✔													
				✔												
				✔												
					✔											
					✔											

Each athlete is limited to one event per section, please tick the appropriate box for each athlete's events.

To help ensure each child's name is spelt correctly, please complete this form electronically. (Copying and pasting into this document may disturb the formatting)

Athletes' birth dates must fall on or between the following dates:

1 September 2002 and "the event date" 2005. Eg, if the event is being held on 7 April 2016 an athlete's birth date must fall on or between 1 September 2002 and 7 April 2005.

Athlete numbers will be issued on arrival and must be recorded next to the athlete's name.

Once complete, all team sheets must be handed in to the scoring table ensuring you keep a copy for your own reference.

It would assist us greatly if you could forward to us a copy of your team sheets four days before the competition. Alterations to these sheets will be permitted on the day of the event.

Sportshall Regional Finals 2016

Team Name _____

Team Manager _____

Under 13 Boys Team Sheet		Date of Birth	Section A				Section B									Please record the name of each athlete's club or school
			2 Lap Race	4 Lap Race	6 Lap Time Trial	4 x 1 Lap Relay	Obstacle Relay	8 Lap Paarlauf	4 x 2 Lap Relay	Shot	Speed Bounce	St. Long Jump	St. Triple Jump	Vertical Jump	
No.	**athletes full name / athletes per event**		**2**	**2**	**2**	**4**	**4**	**2**	**4**	**2**	**2**	**2**	**2**	**2**	
			✔												
			✔												
				✔											
				✔											
					✔										
					✔										

Each athlete is limited to one event per section, please tick the appropriate box for each athlete's events.

To help ensure each child's name is spelt correctly, please complete this form electronically. (Copying and pasting into this document may disturb the formatting)

Athletes' birth dates must fall on or between the following dates:

1 September 2002 and "the event date" 2005. Eg, if the event is being held on 7 April 2016 an athlete's birth date must fall on or between 1 September 2002 and 7 April 2005.

Athlete numbers will be issued on arrival and must be recorded next to the athlete's name.

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Sportshall Regional Finals 2016

Team Name _____

Team Manager _____

Under 15 Girls Team Sheet		Date of Birth	Section A		Section B		Section C		Relays		Please record the name of each athlete's club or school
			2 Lap Race	4 Lap Race	St. Long Jump	Vertical Jump	Speed Bounce	Shot	8 Lap Paarlauf	4 x 2 Lap Relay	
No.	**athletes full name / athletes per event**		**3**	**3**	**3**	**3**	**3**	**3**	**2**	**4**	
			✔								
			✔								
			✔								
				✔							
				✔							
				✔							

Your six competitors must each compete in one event per section, they may also run in a paarlauf or relay but not both. The 7th member may compete in a paarlauf or relay and one non-scoring field event.

Please tick the appropriate box for each athlete's events.

To help ensure each child's name is spelt correctly, please complete this form electronically. (Copying and pasting into this document may disturb the formatting)

Athletes' birth dates must fall on or between the following dates:

1 September 2000 and "the event date" 2003. Eg, if the event is being held on 7 April 2016 an athlete's birth date must fall on or between 1 September 2000 and 7 April 2003.

Athlete numbers will be issued on arrival and must be recorded next to the athlete's name.

Once complete, all team sheets must be handed in to the scoring table ensuring you keep a copy for your own reference.

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Sportshall Regional Finals 2016

Team Name _____

Team Manager _____

Under 15 Boys Team Sheet		Date of Birth	Section A		Section B		Section C		Relays		Please record the name of each athlete's club or school
			2 Lap Race	4 Lap Race	St. Long Jump	St. Triple Jump	Speed Bounce	Shot	8 Lap Paarlauf	4 x 2 Lap Relay	
No.	**athletes full name / athletes per event**		**3**	**3**	**3**	**3**	**3**	**3**	**2**	**4**	
			✔								
			✔								
			✔								
				✔							
				✔							
				✔							

Your six competitors must each compete in one event per section, they may also run in a paarlauf or relay but not both. The 7th member may compete in a paarlauf or relay and one non-scoring field event.

Please tick the appropriate box for each athlete's events.

To help ensure each child's name is spelt correctly, please complete this form electronically. (Copying and pasting into this document may disturb the formatting)

Athletes' birth dates must fall on or between the following dates:

1 September 2000 and "the event date" 2003. Eg, if the event is being held on 7 April 2016 an athlete's birth date must fall on or between 1 September 2000 and 7 April 2003.

Athlete numbers will be issued on arrival and must be recorded next to the athlete's name.

Once complete, all team sheets must be handed in to the scoring table ensuring you keep a copy for your own reference.

It would assist us greatly if you could forward to us a copy of your team sheets four days before the competition. Alterations to these sheets will be permitted on the day of the event.