

NSW RACE WALKING CLUB



2017 Registration Form

Name: _____

Address: _____

_____ Post Code: _____

Phone number(s): _____

Date of birth: ____/____/____ Sex: Male / Female (please circle)

Your registered club: _____

Your registration number: _____

(If still waiting for your number please advise when received)

E-mail address: _____

Division you are competing in: (please circle)

*Ages are the age you will be on 31st December 2017

Long	Medium	Short
*U/16 years	*U/12 years	*U/10 years

Are you available to represent our club at the two Federation Carnivals?
(please circle)

1. Canberra	Yes	No
2. Second Federation	Yes	No

Registration Fee: (please circle)

Walkers	\$30
Officials	\$5

Receipt Number: _____ Date: ____/____/____