



Clashing Events Form

Athletics New Zealand
Track & Field Championships

Athletes Name: _____
Athletes Number: _____
Team: _____

First Event
Event Name: _____
Event Time: _____ **Event Grade:** **M** **F**

Second Event
Event Name: _____
Event Time: _____ **Event Grade:** **M** **F**

Team Manager/Athlete
(To Sign) _____

Athlete to hand to Call Room when entering for 1st Event.



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