



TRACK AND FIELD / ROAD RUNNING CROSS COUNTRY

ATHLETE IDENTIFICATION FORM

JUVENILE PROVINCIAL TEAM OR WESTERN CANADA SUMMER GAMES TEAM

Name: _____

D.O.B: _____

Tel: _____

Address: _____

City, Prov, P.C.: _____

email: _____

Coach: _____

School / Club: _____

Coach Tel: _____

Coach email: _____

Singlet Size: **S** **M** **L** **XL**

Best Performances:

Event: _____ Performance: _____

When/Where: _____

Event: _____ Performance: _____

When/Where: _____

Event: _____ Performance: _____

When/Where: _____

*All performances subject to verification by Athletics Manitoba

Please Circle Yes or No

- Are you able to participate in the Provincial Dual Meet in Regina on July 21 (see details attached)? **Y or N**
- If selected, would you be interested in running a relay? **Y or N** If yes: **4X100** or **4X400**
- Are you planning on attending Legion Athletic Camp? **Y or N**
- If attending, would you like to be dropped off at the camp on the way home from the Provincial Dual? **Y or N**

***Please submit this sheet by the end of the meet on July 7th!**