



**ENTRIES FOR SUMMER GAMES TRIALS  
ZONE 5**

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

POSTAL CODE \_\_\_\_\_ TEL.NO. \_\_\_\_\_ Email \_\_\_\_\_

EMERGENCY Contact Name \_\_\_\_\_ PH.NO. \_\_\_\_\_  
during Games

MAIL ADDRESS if different. \_\_\_\_\_

SCHOOL \_\_\_\_\_ CLUB \_\_\_\_\_

DATE of BIRTH \_\_\_\_\_ BC ATHLETICS NO. \_\_\_\_\_

MEDICAL NUMBER \_\_\_\_\_ CHEST MEASUREMENT \_\_\_\_\_  
for competition singlet

1.EVENT \_\_\_\_\_ Personal Best \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_

2.EVENT \_\_\_\_\_ Personal Best \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_

3.EVENT \_\_\_\_\_ Personal Best \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_

4.EVENT \_\_\_\_\_ Personal Best \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_

5.EVENT \_\_\_\_\_ Personal Best \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_

6.EVENT \_\_\_\_\_ Personal Best \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_

7.EVENT \_\_\_\_\_ Personal Best \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_

8.EVENT \_\_\_\_\_ Personal Best \_\_\_\_\_ Date \_\_\_\_\_ Event \_\_\_\_\_

I wish to be considered for STEEPLECHASE Yes \_\_\_\_\_ No \_\_\_\_\_

PENTATHLON Yes \_\_\_\_\_ No \_\_\_\_\_

I understand that I should compete in as many pentathlon events as possible at the trials ie.high jump, long jump, shot put, sprint hurdles, 800m.

FEES: Number of events \_\_\_\_\_ x\$4.00 \$ \_\_\_\_\_

If not a BC Athletics member add \$3.00 fee for trials. \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_