

____ East Bay Area Games
Please Check

____ Southern Area Games
Please Check

____ Northern Area Games
Please Check

Athlete Name: _____

Team Name: _____

Medical Expiration Date: _____
(See enclosed Delegation Details Report)

Sex: M F

DOB: _____

ATHLETICS (*Athlete may enter (2) events and (1) relay*)

Running Events

	Minute	Seconds	Tenths
3000 M Run.....			
1500 M Run.....			
800 M Run.....			
400 M Dash.....			
200 M Dash.....			
100 M Dash.....			
50 M Dash.....			
25 M Walk - Developmental Race.....			
200 M Walk.....			

Relay - Please fill out attached form for Athletic Relays

Developmental Events

	Minute	Seconds	Tenths
10 M Wheelchair.....			
25 M Wheelchair.....			
30 M Slalom.....			

Power _____ Manual _____ **(Please Check; if not checked they will be entered as manual)**

Field Events

	Meters	Centimeter
Shot Put.....		
Shot Put Wheelchair.....		
High Jump.....		
Running Long Jump.....		
Ball Throw Development.....		
Softball Throw.....		
Turbojav.....		
Standing Long Jump.....		

Athletes may choose either Turbojav or Softball Throw
