ATHLETE SCRATCH FORM
TRACK EVENTS

Date:	
Athlete Name:	
Athlete Centre:	
Athlete Age Group/Gender:	

Please write the event # next to the scratched event/s

Event	Event #	Event	Event #	Event	Event #	Event	Event #
700mW		70m		800m		60mH	
1100mW		100m		1500m		80mH	
1500mW		200m		200mH		90mH	
		400m		300mH		100mH	

TEAM MANAGERS: Please return this form to the relevant TRACK Call Room when you are aware of any scratching.

✂---
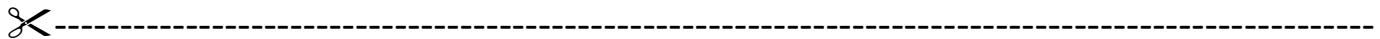
ATHLETE SCRATCH FORM
FIELD EVENTS

Date:	
Athlete Name:	
Athlete Centre:	
Athlete Age Group/Gender:	

Please write the event # next to the scratched event/s

Event	Event #	Event	Event #
Discus		Long Jump	
Javelin		High Jump	
Shot Put		Triple Jump	

TEAM MANAGERS: Please return this form to Field Event Chief when you are aware of any scratching.