



CLASH FORM FIELD

Athletes Name: _____

Centre Name: _____

Age Group/Gender: _____

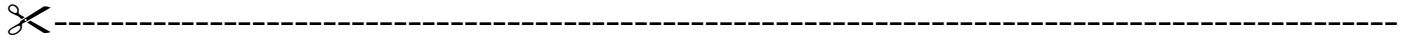
TRACK EVENTS HAVE PRECEDENCE OVER FIELD EVENTS

From Event No. _____	To Event No. _____
Event Name _____	Event Name _____
Time _____	Time _____

BOTH PORTIONS OF THE FORM MUST BE COMPLETED AND HANDED IN

1. Hand this portion to the Field Event Chief Judge of the event in which the athlete has the clash.
2. An athlete who leaves a field event without a Clash Form having been submitted or without the approval of the field event Chief Judge or Referee, will not be allowed to continue in the event on return.

A CLASH MARSHAL WILL COLLECT THE ATHLETE FROM THE FIELD EVENT BEFORE THE COMMENCEMENT OF THE ATHLETE'S TRACK EVENT. THE ATHLETE WILL THEN RETURN TO THEIR FIELD EVENT.



CLASH FORM TRACK

Athletes Name: _____

Centre Name: _____

Age Group/Gender: _____

TRACK EVENTS HAVE PRECEDENCE OVER FIELD EVENTS

From Event No. _____	To Event No. _____
Event Name _____	Event Name _____
Time _____	Time _____

BOTH PORTIONS OF THE FORM MUST BE COMPLETED AND HANDED IN

1. Hand this portion to the relevant Track Call Room Chief Judge who will in turn forward it to the Starters Assistant of the event in which the athlete is to compete in.
2. An athlete who leaves an event without a Clash Form having been submitted or without the approval of the Chief Judge or Referee, will not be allowed to continue in the event on return.

A CLASH MARSHAL WILL COLLECT THE ATHLETE FROM THE FIELD EVENT BEFORE THE COMMENCEMENT OF THE ATHLETE'S TRACK EVENT. THE ATHLETE WILL THEN RETURN TO THEIR FIELD EVENT.



ATHLETE SCRATCH FORM

TRACK EVENTS

U14, U15, U16, U17 ATHLETES only

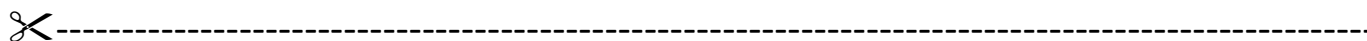
Date:	
Athlete Name:	
Athlete Centre:	
Athlete Age Group/Gender:	

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

Event	Event #	Event	Event #	Event	Event #	Event	Event #
1500mW		100m		800m		80mH	
		200m		1500m		90mH	
		400m				100mH	
						200mH	
						300mH	

NOTE FOR TEAM MANAGERS:

Scratch Forms are to be submitted to the Track Call Room, for the U14, U15 & U16 Track events only.



ATHLETE SCRATCH FORM

TRACK EVENTS

U14, U15, U16, U17 ATHLETES only

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 #
1500mW		100m		800m		80mH	
		200m		1500m		90mH	
		400m				100mH	
						200mH	
						300mH	

NOTE FOR TEAM MANAGERS:

Scratch Forms are to be submitted to the Track Call Room, for the U14, U15 & U16 Track events only.