



# 32<sup>nd</sup> ANNUAL OPEN DAY REGISTRATION FORM SUNDAY 13<sup>TH</sup> NOVEMBER 2011

**LITTLE ATHLETICS CHELSEA**

**EDITHVALE RESERVE, EDITHVALE ROAD, EDITHVALE (MELWAY MAP 93 C9)**

**FIRST EVENT STARTS AT 9.30 AM SHARP**

THE FRANK SULLIVAN PERPETUAL TROPHY WILL BE AWARDED TO THE CENTRE  
WITH THE BEST OVERALL RESULTS ON THE DAY

MEDALLIONS AWARDED TO FIRST THREE PLACES IN EACH EVENT FINAL  
"FINALIST" RIBBON AWARDED FOR 4<sup>TH</sup> TO 8<sup>TH</sup> PLACE, "COMPETITOR" RIBBON TO ALL OTHER PLACES

**ADDRESS ENTRIES** CHELSEA OPEN DAY 2010  
P.O. BOX 87, CHELSEA, VIC 3196  
**BY MONDAY 7<sup>th</sup> NOVEMBER 2011**  
ENQUIRIES: ANTHONY CAFARELLA – PHONE 0417 388 590  
Email: anthony.cafarella@telstra.com

**ENTRY FEE** \$6.00 PER EVENT OR \$20.00 FOR 4 EVENTS – MAXIMUM 4 EVENTS

**LATE ENTRIES** **LATE ENTRIES WILL BE ACCEPTED BY PHONE AND ONLY IF A PLACE IS AVAILABLE**  
LATE ENTRIES FROM 8<sup>th</sup> NOVEMBER ACCEPTED UNTIL 6.00 PM 11<sup>TH</sup> NOVEMBER 2011  
**LATE ENTRY FEE IS \$7.00 PER EVENT, NO DISCOUNT APPLIES**  
**NO LATE ENTRIES WILL BE ACCEPTED ON THE DAY**

**UNIFORM** CENTRE/CLUB UNIFORM WITH AGE GROUP TAG ATTACHED MUST BE WORN

**SPIKES** MAY BE WORN BY U/12 & ABOVE TO LAV REQUIREMENTS (EXCLUDING H/JUMP)

**STARTING BLOCKS** PERMITTED IN LANED EVENTS FOR U/12 ATHLETES & ABOVE

**FIELD EVENTS** BEST OF 3 TRIES WILL BE CLASSIFIED AS THE WINNER

**PROGRESSIONS** PROGRESSIONS TO THE NEXT AGE GROUP ARE PERMITTED IF EVENT NOT AVAILABLE IN  
ATHLETES AGE GROUP. PROGRESSIONS NOT PERMITTED FOR U/8 HURDLES.

**SPECIAL CONDITIONS** CLASHING OF EVENTS MAY BE UNAVOIDABLE. TRACK EVENTS TAKE PRECEDENCE  
OVER FIELD EVENTS. THE ORGANIZING COMMITTEE RESERVES THE RIGHT TO CANCEL ANY  
EVENT BECAUSE OF INSUFFICIENT ENTRIES OR DUE TO EXTREME WEATHER. NO REFUNDS  
GIVEN ON CANCELLATION DUE TO EXTREME WEATHER.  
NO PROTESTS WILL BE ENTERED INTO. VENUE OFFICIAL'S DECISION IS FINAL.

**RECORD YOUR EVENTS FOR REFERENCE:** 1..... 2..... 3..... 4.....

ONE ENTRY FORM PER ATHLETE: **(PLEASE USE BLOCK LETTERS)**

**ATHLETE'S NAME:** ..... **GENDER:** B / G **AGE:** U/

**ADDRESS:** ..... **P/CODE:** .....

**PHONE:** ..... **CENTRE:** ..... **CENTRE NO:** .....

**EMAIL:** .....

**PLEASE SELECT EVENTS BY CIRCLING (MAXIMUM OF 4)**

AGE GROUP	EVENT												
<b>U/6</b>	50m	70m							DIS	S/P		L/J	
<b>U/7</b>	50m	70m							DIS	S/P		L/J	
<b>U/8</b>			100m	200m			81mH			S/P		L/J	
<b>U/9</b>			100m	200m	400m		81mH	DIS				L/J	
<b>U/10</b>			100m	200m		800m	81mH			S/P	T/J	L/J	
<b>U/11</b>			100m	200m	400m		81mH	DIS			T/J	L/J	H/J
<b>U/12</b>			100m	200m		800m	81mH			S/P	T/J		H/J
<b>U/13</b>			100m	200m	400m		81mH	DIS				L/J	H/J
<b>U/14</b>			100m	200m		800m	G: 81mH B: 90mH			S/P	T/J		
<b>U/15</b>			100m	200m	400m		G: 90mH B: 100mH	DIS				L/J	H/J
<b>U/16</b>			100m	200m		800m	G: 90mH B: 100mH			S/P	T/J		H/J

- ENTRY FEE OF \$..... IS ENCLOSED. CHEQUE/MONEY ORDER - MADE PAYABLE TO 'LITTLE ATHLETICS CHELSEA'.
- I AGREE TO ABIDE BY THE RULES AND DECISIONS OF THE ORGANIZING COMMITTEE AND LA VICTORIA.

SIGNED (PARENT/GUARDIAN)..... DATE: .....

PLEASE INDICATE IF YOU CAN OFFICIATE? YES / NO PREFERRED EVENT: ..... PREFERRED TIME: AM / PM

CHELSEA LITTLE ATHLETICS CENTRE PROVIDES A LIGHT LUNCH AND REFRESHMENTS TO OFFICIALS.