

**Athlete Nomination**

Athlete Name: .....

Address: .....

.....Email Address: .....

Phone: .....

**Coaches Details:**

Name: .....

Phone: .....Email Address: .....

**ATHLETE**

Events: .....

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Goals Short Term: .....

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Performances of note, including personal bests and Athletics NZ ranking:

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Signed by Nominator: .....

Director's approval: Y / N

P O Box 115  
INVERCARGILL



**Directors:**

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