

# 2010 ILLAWARRA ALL SCHOOLS TRACK AND FIELD CHAMPIONSHIPS



**SUNDAY 29 AUGUST 2010**  
**Kerryn McCann Athletics Track**  
Beaton Park Foleys Road ,Gwynneville 2500

## Scheduled Events

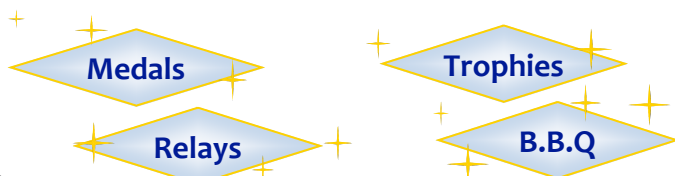
Age	100	200	400	800	1500	Shot	Disc	Jav	LJ	HJ	TJ	Walk	Wheelchair	4 x 100m Relay
8	X	X		X		X			X					
9	X	X		X		X	X		X					
10	X	X		X	X	X	X		X	X				X
11	X	X		X	X	X			X					
12	X	X	X	X	X	X	X		X	X		X		X
13	X	X	X	X	X	X			X	X				
14	X	X	X	X	X	X	X		X					X
15	X	X	X	X	X	X	X	X		X				
16	X	X	X	X		X			X					X
Open (17,18,19)	X	X	X	X	X	X	X	X	X	X	X	X		X
AWD-P	X					X							X	
AWD-S	X					X							X	

◆ Athletes compete in the age division they turn this year. Competitors may only go up in an age division when an event is not scheduled for their own division.

◆ Track spikes max: 7mm, field max: 9mm

◆ Performances may be used as a qualifier for the Australian All Schools/ Youth Championships

## Free Gate Entry



Individual Event Fees		
Per Event	\$5.00	Max. 5 individual events
5 Events	\$15.00	When registered prior to meet
Late Entries	\$10.00	Per event until 09:30 @ meet
Relay Fees		
Per Team	\$10.00	

ILLAWARRA  
**MERCURY**

All details @ [www.athleticswollongong.org.au/allschools](http://www.athleticswollongong.org.au/allschools)

## Entry Form - Closing date for entries Monday 23 August 2010

Forward completed entry form with correct entry fee (cheques payable to Athletics Wollongong Inc.) to the following address by  
**23 August 2010: Competition Manager, Illawarra All Schools, PO box 7153 Gynneville, NSW 2500 PH: 0412 716 993**

**IMPORTANT INFORMATION:** If you are currently not registered with Athletics NSW you are agreeing to compete under the rules of a trialing member. Details regarding this are located on the ANSW website [www.nswathletics.org.au](http://www.nswathletics.org.au)

First name:	Last Name	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Address:	Post Code:	*Email:	
Date of Birth:	Age this year:	Athletics club member? Yes / No , if yes which club:	
School:	Primary <input type="checkbox"/> Secondary <input type="checkbox"/>		
Events Entered: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____			
Relay team: Yes <input type="checkbox"/> No <input type="checkbox"/> if yes - what age group: 10 <input type="checkbox"/> 12 <input type="checkbox"/> 14 <input type="checkbox"/> 16 <input type="checkbox"/> Open <input type="checkbox"/>			
Before you sign please ensure you have read and acknowledged the important information above.		Signature: _____ <i>Parent or guardian must sign if under 18 years</i>	
*if email address provided your registration will be confirmed.			